

BROWN COUNTY MEDICAL EXAMINER'S DEPT.

Medical Examiner's Report

EXHIBIT
70

DECEDENT INFORMATION

Name of Deceased (First, middle, Last) Jason R THOMSON		Sex M	Age 47	Date 2/10/2020	Day Mon	Month Feb	Notified by Aurora BayCare, RN Ja	Case Number 203098
Address Homeless WI				Time Notified 4:58 AM	Time on Scene 5:47 AM			
County Residence BROWN	DOS 2/25/1972	City/Town/Village Residence City of Green Bay		Case Type Death Investigation		Case Agency Brown County		
Occupation N/A		Marital Status Never Married		Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Undetermined				

NEXT OF KIN

Next of Kin Dean & Cynthia Tho	Address 3921 N Shore Dr. Menominee, WI 49858	Relationship to Deceased Parents	Telephone (715) 938-6808
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DEATH INFORMATION

County Death BROWN	County Onset BROWN	Place Death Aurora BayCare Medical Cent	City/Town/Village Death City of Green Bay	City/Town/Village Onset City of Green Bay	<input type="checkbox"/> At Work
Type Death Misc	Pronounced by Jane Wilman, MD	Time 04:09 AM	Identified by Hospital staff	Date Death 2/10/2020	Date Body Found 2/10/2020
Date Death Record Signed 2/12/2020	Medical Certifier Eli Goodman, MD	Cause of Death Cardiac arrhythmia of undetermined etiology			

FUNERAL HOME INFORMATION

Primary Funeral Home Simply Cremation	Address 243 N Broadway Green Bay WI	Phone (920) 431-0100	Requested by Family
Secondary Funeral Home	Address	Phone	Requested by

INVESTIGATING AGENCY/LAW ENFORCEMENT

Agency DCI	Notified	Investigating Officer Special Agent C. RACINE	Assisting Officer	Agency Case Number 20-20157B
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EMS/FIRE AGENCIES

EMS Service	Notified	Fire Department
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FORENSIC EXAMINATION INFORMATION

Type Autopsy	Requested by S. Krause	Exam Date 2/11/2020	Place of Exam Dane County Morgue	Pathologist Eli Goodman, MD
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TOXICOLOGY

Screens Performed <input checked="" type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Drugs	Sample Type Blood Urine Vitreous	Date Obtained 2/11/2020	Time Obtained 08:30	Obtained By Eli Goodman, MD
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DISTRICT ATTORNEY

District Attorney Notified David Lasaa	Date Notified 2/11/2020	Time Notified 2:40:00 PM
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INJURY INFORMATION

Date 2/10/2020	Time Unknown	County Injury Brown	City/Town/Village Injury City of Green Bay	Place of Injury Brown County Jail	Location of Injury 3030 Curry Ln., Green Bay, WI 54311
How Injury Occurred Suffered cardiac arrhythmia following police restraint.					

Medical Examiner or Investigator Signature

*Shalene Krause**- Petra Schwab*

**Brown County Medical Examiner's Dept.
Summary Report**

CS# 20-3098 DECEASED Jason THOMSON DATE NOTIFIED 2/10/2020 RO Shalene Krause, MLI

Case Number: 20-3098
Investigator: KRAUSE
Name of Decedent: THOMSON, JASON R.
Date of Death: February 10, 2020

NOTIFICATION

On Monday, February 10, 2020 at 0458 hours, I was contacted by JANICE XIONG, Registered Nurse (RN) with Aurora BayCare Medical Center and requested to respond to Trauma Room 1 within the Emergency Department for the death of an individual who had reportedly gone unresponsive while in police custody.

SCENE BRIEFING

Upon my arrival on scene at 0547 hours, I was met by Officer D. HERLACHE with the Green Bay Police Department (GBPD, Case number: 20-201579) and shown to the decedent. I was informed that Division of Criminal Investigation (DCI) would be investigating and was requested that I wait for the investigator to arrive before completing my body examination. JANICE XIONG, RN informed me of the following: JASON had reportedly been at St. John's Homeless Shelter last night where it was reported that he had a seizure lasting approximately three minutes. He was then transported and admitted to St. Vincent's Hospital at around 0000 hours, where he received treatment. At around 0200 hours, staff noted that the decedent had begun to get anxious and that he had stated that he had the "creepy crawlers". Over the course of the following hour, THOMSON reportedly proceeded to get increasingly agitated and aggressive with staff, was yelling, and pacing the hallways. The decedent had been cleared by the hospital for discharge at 0230 hours, but staff could not approach him to remove his intravenous (IV) line for discharge. THOMSON proceeded to be uncooperative and aggressive with staff, including removing his own IV. At this time, staff were concerned for their safety and 911 was called with GBPD responding.

Officers were able to cuff THOMSON, who reportedly continued to be combative and agitated, and then placed him within a restraint. THOMSON was then brought to the squad and transported to the jail. En route, the decedent had been reported as alert and conversed with the officers. Once at the jail, the decedent was evaluated by the nurse who noted him to have an ashen complexion and he started to complain of difficulty breathing. Officers then began to prepare THOMSON for transfer to Aurora BayCare when he went unresponsive. The restraints were removed and cardiopulmonary resuscitation (CPR) was initiated immediately. Officers attached their defibrillator, with no shock advised. Emergency medical services (EMS) arrived and applied their defibrillator which showed asystole. EMS established an intravenous line, and administered three rounds of epinephrine and Narcan. THOMSON was transported (asystole full time) to Aurora BayCare Emergency Department and admitted at 0405 hours, he was intubated, CPR was continued and one additional round of epinephrine was administered.

IDENTIFICATION

The decedent was identified as JASON R. THOMSON, a Caucasian male with date of birth of February 25, 1972 (47 years old). He was never married and was known to be homeless, but resided at St. John's Homeless Shelter located at 411 Saint John's Street in the City of Green Bay, Wisconsin 54301. JASON was positively identified to me by hospital staff and law enforcement.

PRONOUNCEMENT

JASON was pronounced deceased by JANE WITMAN, Medical Doctor (MD) with Aurora BayCare Medical Center on 2/10/20 at 0409 hours.

SCENE OBSERVATIONS

The scene was Trauma Room 1 within Aurora BayCare Medical Center. The decedent was observed to be lying supine on a hospital bed. There was a body board below the decedent and a white sheet had been placed over his body. There was not any personal property with the decedent at the hospital other than the clothes on his person.

GROSS BODY EXAMINATION

At 0944 hours, Investigator C. RACINE with DCI arrived and a body examination was conducted which showed an average framed Caucasian male who appeared his stated age of 47 years. He was clad in a pair of sweatpants which were wet on the posterior surface. Dirt was noted to the decedent's upper extremities, hands and torso. Medical intervention in place included: intubation, intravenous line of the left antecubital fossa and defibrillation pads. Rigor was present and broken with minimal effort. Lividity was present posteriorly and blanching. No crepitus was felt via palpitations of the head or chest. The eyes were without petechiae and had slight tache noire present (left greater than right). There was dried, red and yellow fluid at the

mouth which had natural dentition present (in poor repair). Bilateral earlobe creases were observed. A puncture was noted to the right antecubital fossa (confirmed received from St. Vincent's Staff earlier). The hands had short, natural fingernails present. There was a contusion observed to the dorsum of the right hand. Minor abrasions were noted, but not limited to, the anterior neck, torso, left elbow, bilateral forearms, bilateral hips, sacrum, left knee, and bilateral feet. The bottoms of the feet were dry, scaled and dirty. The genitals were atraumatic. Rectal temperature was 92 degrees Fahrenheit in an ambient 72 degrees Fahrenheit.

MEDICAL/SOCIAL HISTORY & MEDICATIONS

Per medical records, the decedent's past medical history includes: epilepsy, seizures, anxiety, hypertension and depression. JASON was a current tobacco smoker (one pack per day at times) and would occasionally consume alcohol. His history with illicit drug use is unknown per medical records and next of kin knowledge. Current medications listed for the decedent included ibuprofen and phenytoin. The decedent had reportedly told hospital staff members that he had not been taking his seizure medication for several weeks due to an inability to receive a prescription.

CONTACT WITH MEDICAL EXAMINER

After presenting the case to ELI GOODMAN, Medical Examiner, it was determined that the decedent would be accepted for autopsy. The autopsy is scheduled for February 11, 2020 at 0830 hours with ELI GOODMAN, Medical Examiner at the Dane County Medical Examiner's Office. Law enforcement (DCI) will be attending the autopsy.

REMOVAL

I sealed the decedent into a clean, white body bag using seal tag number 17582 at 1009 hours. I then made contact with JOSH of Proko-Wall Funeral Home for assistance with transportation due to close proximity. We departed from the hospital at 1026 hours and arrived to the cooler at 1043 hours where the decedent was placed into a locked, refrigerated unit.

PHOTOGRAPHY

Photographs were taken of the scene and the decedent. These photos were brought back to the Brown County Medical Examiner's Office, uploaded into the case photographs folder, and labeled with the case number and decedent's name.

NEXT OF KIN

Next of kin for the decedent are still being located at this time.

DONATION

Donation status will be pending contact with the decedent's next of kin.

FUNERAL HOME

At this time, the funeral home for final disposition is pending a decision on behalf of next of kin.

Shalene Krause
Medicolegal Investigator

ADDENDUM
02/10/2020

LAW ENFORCEMENT CONTACT

On the above date at 0655 hours, I reached out to the Menominee Police Department for assistance with a death notification. They were able to look up the decedent's previous information and prior addresses. Officer's were sent to three possible locations where the decedent may have lived, but no next of kin was found at any location. Law Enforcement was not able to find any information on next of kin or relatives for the decedent.

CONTACT WITH NEXT OF KIN

On the above date at 1555 hours I attempted to notify next of kin, I contacted phone number (715) 938-6808. CYNTHIA THOMSON answered the phone and she stated she was married to DEAN THOMSON and that JASON was their son. I notified CYNTHIA and DEAN of JASON's death and our office's involvement in his case. They stated that they have not heard from the decedent since Christmas time. At that time, there had been an altercation and law enforcement was contacted due to the decedent becoming agitated and aggressive. They had no further questions at this time. No funeral home has been selected.

DEAN and CYNTHIA reside at 3921 North Shore Drive in Menominee, Michigan 49858 and P.O. Box 794. They reside in Arizona in the winter months and state that if anything needs to be sent to them they want it to be sent to their P.O. Box and not their physical address. Their phone number is (715) 938-6808.

-Megan Rouer, MLI

ADDENDUM
02/10/2020

RELEASED TO DANE COUNTY MEDICAL EXAMINER'S OFFICE

On the above date at 1905 hours, the decedent was released to TODD, Transport Driver with the Dane County Medical Examiner's Office. The Dane County transport van was escorted by Special Agent CHAD RACINE of DCI.

-Stephanie Jordan, MLI

ADDENDUMS
February 11, 2020

PRELIMINARY AUTOPSY RESULTS

On the above date at 1333 hours, I received the preliminary autopsy results from ELI GOODMAN, Medical Examiner which can be summarized as follows:

Externally, blunt force trauma was noted of the head, torso and extremities including: dermal abrasion and contusions, significant acute subcutaneous hemorrhage on the posterior torso without overlying skin contusion and subcutaneous hemorrhage on the bilateral wrists and elbows corresponding to overlying abrasions and contusions. There were no signs of intracranial hemorrhage observed. The pathologist noted the presence of hypertensive cardiovascular disease with slight arteriosclerosis of the kidneys, a dilated, floppy heart, cerebral edema with marked bilateral uncal notching, marked pulmonary congestion and edema, slight gastritis, slight right pleural adhesions and cholelithiasis. The decedent was status-post aggressive cardiopulmonary resuscitation with the presence of the following: bilateral hemorrhagic displaced anterolateral 2-9 rib fractures, displaced hemorrhagic sternal fracture of the intercostal space, and laceration of the anterior distal abdominal aorta with slight retroperitoneal hemorrhage.

Cause of Death: Pending further investigation
Manner of Death: Pending further investigation

The decedent's clothing and a DNA card were both collected as evidence at autopsy and released to the DCI Investigator in attendance. The decedent was deemed releasable by the Medical Examiner's Office for final disposition.

CONTACT WITH DCI

On the above date at 1430 hours, I made contact with Investigator CHAD RACINE with the Department of Criminal Investigation (DCI) and discussed the preliminary autopsy results with him. At this time, he informed me that Investigator RAPHAEL DE LA ROSA was in attendance at the autopsy and Investigator BRAD KUST would be the centralized agent assigned to the case moving forward. He asked that I keep in touch with Investigator B. KUST as our investigation moves forward given that his involvement was strictly related to the body and it's transportation. Their office did not have any further questions or concerns at this time and allowed me to move forward with my additional follow-up.

CONTACT WITH DISTRICT ATTORNEY

On the above date at 1440 hours, I made contact with DAVID LASEE of the District Attorney's Office and briefed him on the circumstances surrounding this case. At this time, he stated that the decedent could be released for final disposition.

CONTACT WITH NEXT OF KIN

On the above date 1445 hours, I made contact with CYNTHIA and DEAN THOMSON and informed them of the preliminary autopsy results. At this time, we also discussed the decedent's property (I had not taken anything into the Medical Examiner's custody) and I suggested that they also make contact with St. John's Homeless Shelter to see if anything was in their possession, as well. The couple are still making a decision regarding a funeral home for final disposition. They are aware that they need to make contact with our office once a decision has been made. Nothing further was discussed at this time.

-Shalene Krause, Medicolegal Investigator

ADDENDUM
02/11/2020
1130 Hours

ACCEPTED BACK FROM DANE COUNTY

On the above date and time, I accepted the decedent back from TODD, Transport Driver with the Dane County Medical Examiner's Office.

- Molly Roffers, MLI

ADDENDUM
02/12/2020

CONTACT WITH MOTHER

On 02/12/20 CYNTHIA contacted our office. She asked if there was any indication that he suffocated. I informed her that the incident as well as his cause and manner of death were still under investigation at this time, but initial findings do not indicate that he had suffocated.

-Petra Schwab, Lead Medicolegal Investigator

ADDENDUM
02/13/2020

CONTACT WITH NEXT OF KIN

On the above date, CYNTHIA THOMSON contacted the office and left a message stating they would like to use Simply Cremation for the decedent's final disposition.

RELEASED TO FUNERAL HOME

On the above date, the decedent was released to Simply Cremation at approximately 1416 hours.

-Stephanie Jordan, MLI

ADDENDUM
TOXICOLOGY RESULTS
March 3, 2020
1428 hours

On the above date and time, I received the toxicology results for the decedent. The blood sample tested positive for phenytoin, naloxone and cotinine. The electrolyte panel performed on the vitreous sample gave results of: creatinine (1.1 mg/dL), sodium (148 mmol/L), potassium (16 mmol/L), chloride (118 mmol/L), glucose (101 mg/dL) and urea nitrogen (28 mg/dL).

-Shalene Krause, Medicolegal Investigator

ADDENDUM
CONTACT WITH MEDICAL EXAMINER
March 10, 2020

On the above date, I was contacted by ELI GOODMAN, Medical Examiner requesting that I gather further information regarding the decedent's prescribed medications and the information for his primary care provider. Lead Medicolegal Investigator P. SCHWAB and I then sent a request to PDMP for this information which will be forwarded on to Dr. Goodman. Ultimately PDMP did not indicate any prescription information for the decedent.

-Shalene Krause, Medicolegal Investigator

ADDENDUM
CONTACT WITH DCI
March 24, 2020
1024 hours

On the above date and time, I made contact with Investigator B. KUST regarding putting in a request for their agency's reports. He informed me that their report was not completely closed yet, but that he could email me all of the officer and EMS interviews that were conducted, as well as, a preliminary report. All of these documents will then be provided to ELI GOODMAN, Medical Examiner for review.

-Shalene Krause, Medicolegal Investigator

ADDENDUM
CONTACT WITH NEXT OF KIN
April 29, 2020
1145 hours

On the above date and time, I returned a voicemail from CYNTHIA, mother, and updated her on the status of JASON's case at this time. I informed her that Dr. GOODMAN would be presenting the case to a review board before making his final determinations. She would like to be called as soon as we should know further details. She did not have any further questions or concerns.

-Shalene Krause, Medicolegal Investigator

ADDENDUMS
May 4, 2020

CONTACT WITH MEDICAL EXAMINER

On the above date, I was contacted by ELI GOODMAN, Medical Examiner who informed me that his final determinations regarding cause and manner of death were now complete. He requested that I reach out to District Attorney D. LASEE and schedule a date and time for a conference call to take place to discuss the case further.

CONTACT WITH DISTRICT ATTORNEY

On the above date, I made contact with District Attorney D. LASEE and scheduled an appropriate date and time with him to have a conference. This information was then given to Dr. GOODMAN.

-Shalene Krause, Medicolegal Investigator

ADDENDUM
CONFERENCE WITH DISTRICT ATTORNEY
May 6, 2020

On the above date, ELI GOODMAN, Medical Examiner and VINCENT TRANCHIDA, Chief Medical Examiner held a conference call with District Attorney D. LASEE and Special Prosecutor L. LASEE. The case circumstances and final cause and manner of death rulings were discussed in length at this time.

-Shalene Krause, Medicolegal Investigator

ADDENDUM
May 5, 2020

FINAL AUTOPSY REPORT

On the above date, I received the final autopsy report from ELI GOODMAN, Medical Examiner which stated the final cause and manner of death as follows:

Cause of Death: Cardiac arrhythmia of undetermined etiology following police restraint

Manner of Death: Homicide (Suffered a cardiac arrhythmia following police restraint)

-Shalene Krause, Medicolegal Investigator

ADDENDUM
May 7, 2020

CONTACT WITH DCI

On the above date at 1044 hours, I made contact with Special Agent B. KUST with the Department of Criminal Investigations and informed him of the final cause and manner of death as stated within the completed autopsy report. He will be emailing our office a request in order to receive a copy of our report. He did not have any further questions or concerns at this time.

CONTACT WITH NEXT OF KIN

On the above date at 1605 hours, I made contact with DEAN and CYNTHIA THOMSON, parents, and informed them of the final cause and manner of death as stated within the completed autopsy report. Given the complex circumstances surrounding the case, I read them Dr. GOODMAN's summary content and explained to them in length the investigation

completed by our office while answering any questions that they may have had. We also discussed JASON's toxicology results, as well. They were understanding of the final rulings and will be emailing me a request to receive a copy of the final reports. They did not have any further questions or concerns at this time.

CONTACT WITH MEDICAL EXAMINER

On the above date, I made contact with ELI GOODMAN, Medical Examiner and informed him that the death certificate could now be amended to reflect the final cause and manner of death, as follow-up with law enforcement and next of kin had now been completed.

-Shalene Krause, Medicolegal Investigator

CASE CLOSURE

This case is now closed.

Shalene Krause
Medicolegal Investigator



**Office of the
Dane County Medical Examiner**

Dr. Vincent Tranchida, MD
Chief Medical Examiner



ME Case #: Brown 20-3293
Name of Decedent: Thomson, Jason R.

Autopsy Performed By: Eli Goodman, M.D.
Date of Autopsy: February 11, 2020

FINAL DIAGNOSES

- I. CARDIAC ARRHYTHMIA OF UNDETERMINED ETIOLOGY FOLLOWING POLICE RESTRAINT:
 - A. HISTORY OF RESISTING ARREST WITH LEG RESTRAINTS AND HANDCUFFS
 - B. CEREBRAL EDEMA (1200 GRAMS) WITH MARKED BILATERAL UNCAL NOTCHING
 - C. MARKED PULMONARY CONGESTION AND EDEMA (1960 GRAMS COMBINED WEIGHT)
- II. HISTORY OF SEIZURE DISORDER
- III. HEART WITH GROSS AND MICROSCOPIC FEATURES SUGGESTIVE OF ARRHYTHMOGENIC RIGHT VENTRICULAR DYSPLASIA (ARVD)/ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY (ARVC):
 - A. DILATED AND FLOPPY HEART WITH DIFFUSE FATTY INFILTRATION OF THE RIGHT VENTRICLE
 - B. HISTOLOGY: DIFFUSE INTRAMURAL INFILTRATION OF FAT WITHIN THE RIGHT VENTRICULAR WALL EXTENDING FROM THE EPICARDIUM TO JUST UNDER THE ENDOCARDIAL SURFACE
 - C. PATCHY INTERSTITIAL FIBROSIS WITHIN RIGHT VENTRICLE
- IV. REPORTED HISTORY OF HYPERTENSIVE CARDIOVASCULAR DISEASE
- V. REPORTED HISTORY OF ACUTE ENCEPHALOPATHY WITH BEHAVIORAL DISTURBANCE (PER MEDICAL RECORDS)
- VI. BLUNT FORCE TRAUMA OF THE HEAD, TORSO AND EXTREMITIES
 - A. DERMAL ABRASIONS AND CONTUSIONS
 - B. MULTIPLE AREAS OF ACUTE SUBCUTANEOUS HEMORRHAGE ON POSTERIOR TORSO
 - C. SUBCUTANEOUS HEMORRHAGE ON BILATERAL ELBOWS AND BILATERAL WRISTS
- VII. SLIGHT ANTRAL GASTRITIS
- VIII. SLIGHT RIGHT PLEURAL ADHESIONS
- IX. 0.3 CM PATENT FORAMEN OVALE
- X. CHOLELITHIASIS

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- XI. STATUS POST AGGRESSIVE CARDIOPULMONARY RESUSCITATION, WITH:**
- A. BILATERAL HEMORRHAGIC DISPLACED ANTEROLATERAL 2ND THROUGH 9TH RIB FRACTURES**
 - B. DISPLACED HEMORRHAGIC STERNAL FRACTURE AT THE 3RD INTERCOSTAL SPACE**
 - C. ¼ INCH HORIZONTALLY ORIENTED LACERATION OF ANTERIOR DISTAL ABDOMINAL AORTA WITH SLIGHT RETROPERITONEAL HEMORRHAGE**
- XII. TOXICOLOGY:**
- A. POSTMORTEM FEMORAL BLOOD PHENYTOIN: 9.8 MCG/ML**
 - B. VITREOUS ELECTROLYTES WITHIN NORMAL LIMITS**
 - C. SEE ALSO SEPARATE TOXICOLOGY REPORT**

CAUSE OF DEATH: Cardiac arrhythmia of undetermined etiology following police restraint

MANNER OF DEATH: Homicide (suffered a cardiac arrhythmia following police restraint)

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Eli Goodman, M.D.

I hereby certify that I, Eli Goodman, M.D., Deputy Medical Examiner of Dane, Rock, Brown, Door and Oconto counties of Wisconsin, have performed an autopsy on the body of Jason R. Thomson on February 11 in the Dane County Mortuary.

This autopsy was performed in the presence of Dane County Medical Examiner's Office Morgue Technician, Brigid Vickerman. Also in attendance from the Wisconsin Division of Criminal Investigation was Special Agent Rafael De La Rosa.

The body was received in a sealed, labeled white body bag. "THOMSPN, Jason R. 2/10/20 @1009 SMK" is written in black ink on the outside of the bag. The red security seal "0017582" was cut at 8:48 AM to begin the examination.

Swabs of the forehead, cheeks, chin, neck, forearms, wrists, palms, knuckles, and chest are collected at this time. Fingernail clippings are collected as well.

The body has an identification band affixed to the left wrist and reads "THOMSON, JASON R CSN 10145221586 MRN 4141457 ABMC DOB 2/25/1972 47 Y MALE ATT: Reg 2/10/20".

The body bag was subsequently sealed with red security seal "3476751" at 2:44 PM upon completion of the autopsy.

EXTERNAL EXAM:

The body is of a well-developed, well-nourished, 5 foot 11 inch, 161 pound (Body Mass Index [BMI] = 22.5), white male whose appearance is consistent with the given age of 47 years.

Slight red purge is present in the oral cavity. Plethora of the head, neck, and upper torso is present. Black dirt/grime is present on the arms (left greater than right), posterior torso, and feet.

The scalp hair is brown with grey streaks, straight, measures up to 2-1/2 inches in length, and is normally distributed. A 1/4 inch goatee is present. Stubble is present on the upper lip, cheeks, and anterior neck measuring less than 1/16 of an inch.

The nose and facial bones are palpably intact.

The ears are normally formed and are atraumatic. Bilateral earlobe creases are present. The ear canals are without drainage.

The irides are brown, the corneas are clear, and the conjunctivae are slightly congested without jaundice, edema, or petechiae.

The oral cavity has natural teeth in poor repair with numerous absent teeth.

The chest is symmetric and sunken. The abdomen is flat and without palpable masses. The pubic hair is normally distributed.

The external genitalia are atraumatic and of a normal circumcised adult male. Both testes are descended.

The back is straight and symmetrical. The anus is atraumatic.

The upper and lower extremities are symmetric without clubbing or edema. Dry scaly skin is present on the lower legs and feet with associated hair loss. There are no needle tracks. The fingernails are short, dirty, intact, and unpolished. The toenails are short, clean, intact, and unpolished.

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SCARS:

The following well-healed scars are present:

1. 2 inch curvilinear scar on the superior posterior scalp
2. 1-1/2 inch obliquely oriented linear scar on the proximal anterior right upper arm
3. 3/4 x 5/16 inch irregular scar on the proximal anterolateral right thigh
4. 7/8 x 3/4 inch oval scar on the lateral right thigh
5. 7/8 x 5/8 inch oval scar on the proximal anterolateral right shin
6. 1/4 x 3/16 inch irregular scar on the mid anterior right shin
7. 1-3/4 x 1/2 inch irregular scar on the dorsum of the left hand
8. Innumerable scattered minute irregular scars on the extensor surfaces of the forearms bilaterally

TATTOOS:

None.

POSTMORTEM CHANGES:

Slight bilateral tache noir is present. Moderate symmetrical rigor mortis of the upper and lower extremities, neck, and jaw is present. Lividity is pink-purple, non-fixed and in a posterior distribution. Tardieu hemorrhages are present on the right upper back and right posteromedial upper arm. The body is cold (refrigerated).

CLOTHING/PERSONAL PROPERTY:

The decedent is wearing the following items of clothing:

1. "Hanes" size XL black briefs
2. "Wilson" size L gray sweatpants

THERAPEUTIC PROCEDURES:

The following therapeutic procedures are present:

1. King airway secured with strap within the oral cavity/oropharynx
2. 3 venipuncture marks with associated purpura with overlying gauze and tape on the right antecubital fossa
3. Intravascular catheter secured with adhesive bandage and tape with associated venipuncture mark and purpura on the left antecubital fossa
4. 3 defibrillator pads (2 on anterior torso, one on posterior torso)
5. 6 x 2-1/4 inch discontinuous area of irregular superficial red purple contusion on the mid chest consistent with cardiopulmonary resuscitation

INJURIES (EXTERNAL AND INTERNAL):

The following injuries are described by body region, with the body examined in the horizontal standard anatomic position. No order or sequence is implied.

HEAD AND NECK:**Abrasions:**

1. 2 x 1-1/4 inch discontinuous area of superficial irregular red abrasion on the left upper cheek
2. 3/4 x 3/4 inch discontinuous area of superficial irregular red abrasion on the medial upper left cheek
3. Pinpoint red abrasion on the left temple

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4. Pinpoint crusted red-brown abrasion on the medial left upper mucosal lip
5. $\frac{1}{4}$ x $\frac{1}{2}$ inch discontinuous irregular red abrasion on the posterior inferior left external ear
6. $\frac{1}{8}$ x $\frac{1}{8}$ inch oval red abrasion on the anterior neck

Contusion:

1. $\frac{1}{4}$ x $\frac{1}{4}$ inch irregular purple contusion on the posterior left external ear

No internal injuries are present.

TORSO:**Abrasions:**

1. 3 x 1 inch discontinuous area of obliquely oriented and punctate red abrasions on the right lateral chest
2. $\frac{1}{2}$ inch obliquely oriented red-brown abrasion on the right lateral lower chest
3. 1-1/4 inch discontinuous curvilinear red abrasion on the left mid lateral chest
4. $\frac{1}{4}$ x $\frac{1}{4}$ inch irregular yellow-brown abrasion on the left lower chest
5. $\frac{1}{4}$ inch circular brown abrasion with central clearing on the left lower chest
6. $\frac{1}{4}$ inch x $\frac{1}{8}$ inch faint irregular red abrasion on the right anterior hip
7. 1 x $\frac{1}{4}$ inch irregular red abrasion on the mid back
8. 3 pinpoint red brown abrasions on the right lateral lower back
9. $\frac{1}{2}$ x $\frac{1}{4}$ inch L-shaped superficial red abrasion on the superolateral left buttock
10. 1-3/8 inch curvilinear red abrasion on the superior left buttock
11. 2-1/2 inch obliquely oriented red abrasion on the left lower back
12. $\frac{1}{4}$ inch curvilinear red abrasion on the superomedial left buttock
13. 2 x 1 inch discontinuous area of pinpoint red abrasions on the left lateral buttock

Contusions:

1. $\frac{1}{2}$ inch round red purple contusion on the right lateral mid chest
2. $\frac{1}{2}$ x $\frac{1}{2}$ inch faint irregular red purple contusion on the right lateral mid chest
3. $\frac{1}{2}$ x 3/8 inch faint irregular purple contusion on the right lower lateral chest
4. 3/8 x $\frac{1}{4}$ inch faint irregular purple contusion on the right lower lateral chest
5. $\frac{3}{4}$ x $\frac{1}{2}$ inch irregular purple contusion on the right lower chest
6. 1 x $\frac{1}{2}$ inch irregular purple contusion right of the umbilicus
7. 1-1/8 x $\frac{1}{2}$ inch irregular red contusion on the right lateral groin
8. 1-1/2 x 1 inch irregular red purple brown contusion on the left lateral groin
9. 1-1/2 x 5/8 inch discontinuous area of red pink petechiae on the left lateral hip
10. $\frac{1}{2}$ x 3/16 inch irregular red purple contusion on the medial left buttock

Subsequent internal examination reveals the following injuries secondary to cardiopulmonary resuscitation:

1. Bilateral hemorrhagic displaced anterolateral 2nd through 9th rib fractures
2. Displaced hemorrhagic sternal fracture at the 3rd intercostal space
3. $\frac{1}{4}$ inch horizontally oriented laceration of anterior distal abdominal aorta with slight retroperitoneal hemorrhage

Subsequent internal examination reveals the following subcutaneous/skeletal muscle hemorrhage after flaying of the posterior skin:

1. 5 x 4 inch discontinuous irregular semi-confluent purple contusion on the right upper back
2. 4-1/2 x 2-1/4 inch semi-confluent irregular purple contusion on the right lower back
3. 1 x $\frac{1}{2}$ inch irregular purple contusion on the mid back at the midline
4. 3-1/4 x 7/8 inch irregular purple contusion slightly left of the mid back
5. 2 x 1-1/2 inch irregular purple contusion on the lower back at the midline
6. $\frac{1}{4}$ x 3/8 inch irregular purple contusion on the left mid back
7. 3 x 1-1/4 inch irregular semi-confluent purple contusion on the superomedial left buttock
8. 7/8 x 3/4 inch irregular purple contusion on the medial right upper buttock

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LEFT UPPER EXTREMITY:**Abrasions:**

1. 1 1/16 inch discontinuous obliquely oriented linear red abrasion on the proximal anterior left upper arm
2. 3/16 inch obliquely oriented linear red abrasion on the proximal anterior left upper arm
3. 1/2 inch obliquely oriented linear red abrasion on the posterior left elbow
4. 1/4 inch obliquely oriented red abrasion on the posterior left elbow
5. 1/4 inch obliquely oriented linear red abrasion on the medial left flexor wrist

Contusions:

1. 1/2 x 1/4 inch irregular red contusion on the left anterior shoulder
2. 2-1/2 x 2 inch discontinuous irregular abraded red-purple contusion on the posterior left elbow
3. 3-1/2 x 2-1/2 inch semi-confluent irregular abraded red contusion on the left posterior elbow
4. 1/2 x 3/16 inch abraded irregular purple contusion on the left posterior elbow
5. 1 x 1/4 inch irregular purple contusion on the left extensor wrist
6. 1-3/4 x 1-1/4 inch irregular red purple contusion on the lateral distal left wrist
7. 4-1/2 x 1/2 inch irregular confluent red contusion on the medial left flexor wrist/distal forearm with overlying 1/4 x 1/16" irregular red abrasion

Subsequent internal examination reveals the following subcutaneous/skeletal muscle hemorrhage after flaying of the posterior skin:

1. 3-1/2 x 1-3/4 semi-confluent irregular purple contusion on the left posterior elbow
2. 3 x 1 inch semi-confluent irregular purple contusion on the left extensor wrist

There were no underlying fractures.

RIGHT UPPER EXTREMITY:**Abrasions:**

1. 2 pinpoint red abrasions on the right lateral upper shoulder
2. 1/4 inch discontinuous obliquely oriented linear red brown abrasion on the lateral right shoulder
3. 1/8 inch obliquely oriented linear red brown abrasion on the lateral right shoulder
4. 3/8 inch curvilinear red brown abrasion on the lateral proximal right upper arm
5. 1/2 inch obliquely oriented linear red abrasion on the proximal posteromedial right upper arm
6. 1 one half x 1/8 inch discontinuous irregular red abrasion on the posterior medial right upper arm
7. 1-1/4 inch faint obliquely oriented linear red abrasion on the posterior right upper arm
8. 3 inch faint obliquely oriented linear red abrasion on the posterior right upper arm
9. 1/4 x 3/16" irregular red abrasion on the posterior right elbow
10. 1/4 x 1/2 inch irregular red-brown abrasion on the posterior right elbow
11. 1/4 inch obliquely oriented linear red abrasion on the right posterior elbow
12. 1/4 x 3/16 inch irregular red brown abrasion on the distal medial right forearm
13. 1/4 x 3/16 inch irregular red brown abrasion on the distal medial right forearm
14. Pinpoint red abrasion on the right flexor wrist
15. 1-1/2 x 1 inch discontinuous irregular superficial red abrasion on the distal medial left flexor forearm

Contusions:

1. 2-1/2 x 2-1/4 inch discontinuous area of irregular abraded red-purple contusion on the right anterior shoulder
2. 2-1/2 x 1-1/4 inch discontinuous area of red petechial hemorrhage on the lateral right shoulder
3. 2-1/2 x 1-1/2 inch discontinuous irregular purple contusion on the right posterior elbow
4. 1/8 inch round purple contusion on the right posterior elbow
5. 1/4 x 3/16" oval purple contusion on the posterior right elbow
6. 3-1/2 x 2 inch confluent irregular red contusion on the distal medial right extensor forearm
7. 5-1/2 x 5 inch confluent irregular red contusion on the proximal lateral right extensor forearm and proximal dorsal right hand with overlying 1/2 inch horizontally oriented linear red abrasion

Subsequent internal examination reveals the following subcutaneous/skeletal muscle hemorrhage after flaying of the posterior skin:

20-3293 THOMSON, Jason R.
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1. 2 x 1 inch semi-confluent irregular purple contusion on the posterior right elbow
2. 2 x 1 inch irregular pink-purple contusion on the right flexor wrist

There were no underlying fractures.

LEFT LOWER EXTREMITY:

Abrasions:

1. ½ x ¼ inch irregular red abrasion on the lateral left ankle
2. 5/16 x ¼ inch oval yellow red abrasion on the left lateral ankle
3. Pinpoint red abrasion on the dorsal lateral left foot
4. 3/8 x 1/8 inch irregular red abrasion distal dorsal lateral left foot proximal to the left fifth toe
5. 3/8 x 1/8 inch irregular red abrasion distal dorsal lateral left foot proximal to the left fourth toe
6. 1/16 inch pinpoint red abrasion on the left fourth extensor toe
7. 2 pinpoint red abrasions on the left third extensor toe
8. 1-3/4 x 1-1/4 inch irregular red abrasion on the posterior left calf

Contusions:

1. 2 x 2 inch confluent irregular abraded red contusion on the left anterior knee
2. 3/8 x 1/4 inch irregular purple contusion on the left first extensor toe

Subsequent internal examination reveals the following subcutaneous/skeletal muscle hemorrhage after flaying of the posterior skin:

1. 3/8 x 1/8 inch irregular purple contusion on the posterior left calf

There are no underlying palpable fractures.

RIGHT LOWER EXTREMITY:

Abrasions:

1. 2 pinpoint red abrasions inferolateral to the right anterior knee

Contusions:

1. 2-3/4 x 1-1/4 inch discontinuous irregular red contusion on the right anterior knee
2. 3/16 inch round red contusion on the right anterior knee
3. 5/16 x 3/16 inch irregular red contusion inferior lateral to the right anterior knee

Subsequent internal examination reveals the following subcutaneous/skeletal muscle hemorrhage after flaying of the posterior skin:

1. ½ x 1/4 inch irregular purple contusion on the posterior right calf

There are no underlying palpable fractures.

These injuries, having been described, will not be repeated.

INTERNAL EXAMINATION:

HEAD:

The scalp has no contusion. Congestion and mottling of the scalp soft tissues is present. The skull has no fracture. There is no epidural, subdural, or subarachnoid hemorrhage. The brain weighs 1200 grams and is moderately edematous with flattening of cerebral gyri, narrowing of cerebral sulci, and marked bilateral uncal notching. The cranial nerves and cerebral vessels are normally distributed. The leptomeninges are thin, clear, and delicate. The brain is symmetrical with normal distributions of white and grey matter, deep nuclei, and ventricles. There are no focal lesions.

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NECK:

The cervical vertebrae, hyoid bone, tracheal and laryngeal cartilages, and paratracheal soft tissues are without trauma. The upper airway is not obstructed. The tongue is unremarkable. The atlanto-occipital joint is stable.

BODY CAVITIES:

No fluid is present in the pleural or peritoneal cavities. There are approximately 10 ml of clear, straw-colored fluid in the pericardial sac. The organs are in their normal situs. Slight right pleural adhesions are present. The abdominal pannus is 5/16 inches thick.

CARDIOVASCULAR SYSTEM:

The heart weighs 460 grams enlarged, dilated, and floppy. The epicardium is smooth and glistening. The coronary arteries have a normal origin and distribution with right dominance. There is no atherosclerotic stenosis.

The myocardium is uniformly dark red without pallor, hemorrhage, or fibrosis. The left and right ventricle walls and interventricular septum measure 1.1, 0.3, and [] cm thick, respectively, as measured 1.0 cm below the respective valve annuli.

A 0.3 cm patent foramen ovale is present. The remaining endocardial surfaces and four cardiac valves are unremarkable.

The aorta follows its usual course and has minimal atherosclerotic changes. Apart from previously described cardiopulmonary resuscitative-related laceration of the anterior abdominal aorta, there are no vascular anomalies or aneurysms.

The venae cavae and pulmonary arteries are without thromboemboli or thrombi.

RESPIRATORY SYSTEM:

The right lung weighs 900 grams and the left lung weighs 1060 grams. The pleurae are smooth and glistening and there is a moderate amount of anthracotic pigment deposition. The pink-purple parenchyma exudes a marked amount of frothy, serosanguinous fluid from the cut surfaces. There is no focal consolidation, obstruction, or cavitary or mass lesions. The bronchial distribution and vasculature are unremarkable. The bronchi are unremarkable.

LIVER, GALLBLADDER, AND PANCREAS:

The liver weighs 1730 grams and has an intact, smooth capsule with a soft, dark brown parenchyma without a slippery or nodular texture, hemorrhage, yellow discoloration, fibrosis or masses.

The gallbladder contains less than 1 ml of dark-green bile. 4 large green polygonal gallstones are present measuring up to 1.3 cm in greatest dimension. The extrahepatic biliary system is unremarkable.

The pancreas is without hemorrhage or mineralization.

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EH Goodman, M.D.

HEMIC AND LYMPHATIC SYSTEM:

The spleen weighs 120 grams, is firm, and has a dark purple, intact capsule and a dark parenchyma with moderately prominent white pulp. There are no major lymph node enlargements.

GENITOURINARY SYSTEM:

The right kidney weighs 160 grams and the left weighs 160 grams. Each kidney has a smooth, red-brown surface and an unremarkable architecture and vasculature.

The ureters maintain uniform caliber into an unremarkable bladder containing 35 ml of yellow urine.

The prostate is not enlarged. The testes are unremarkable.

ENDOCRINE SYSTEM:

The pituitary, thyroid, and adrenal glands are normal color, size, and consistency.

DIGESTIVE SYSTEM:

The esophagus and gastroesophageal junction are unremarkable.

Slight antral gastritis is present. The stomach contains approximately 15 ml of brown watery fluid. There are no recognizable fragments of food or pills or tablets.

The stomach, small intestine, appendix, and large intestine are unremarkable.

MUSCULOSKELETAL SYSTEM:

The remaining sternum, vertebrae, clavicles, remaining ribs, and pelvis are without fracture.

The musculature is normally distributed and unremarkable.

HISTOLOGY:

The following tissues are submitted for histologic evaluation:

KIDNEY (X 1, 1A): Scattered globally sclerosed glomeruli and tubular autolysis.

LIVER (X 1, 1B): Vascular and sinusoidal congestion. Focal macrovesicular steatosis (less than 5%).

LUNG (X 1, 1C): Marked anthracosis and marked pigment laden alveolar macrophages. Scattered perivascular and peribronchiolar lymphoid nodules.

ANTERIOR LEFT VENTRICLE (X 3, 1D): Focal interstitial and perivascular fibrosis and scattered areas of myocyte hypertrophy.

LATERAL LEFT VENTRICLE (X 3, 1E): Focal interstitial and perivascular fibrosis and scattered areas of myocyte hypertrophy.

POSTERIOR LEFT VENTRICLE (X 3, 1F): Focal interstitial and perivascular fibrosis and scattered areas

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of myocyte hypertrophy.

INTRAVENTRICULAR SEPTUM (X 3, 1G): Focal interstitial and perivascular fibrosis and scattered areas of myocyte hypertrophy. Single minute endocardial wedge-shaped area of fibrosis and associated myocyte hypertrophy.

RIGHT VENTRICLE (X 1, 1H): Diffuse intramural infiltration of fat within the right ventricular wall extending from the epicardium to just under the endocardial surface along with areas of interstitial fibrosis.

SINOATRIAL NODE (X 3, 1I): No significant histopathologic abnormality.

ATRIOVENTRICULAR NODE (X 3, 1J): No significant histopathologic abnormality.

RIGHT HIPPOCAMPUS (X 1, 1K): Slight perivascular and perineuronal clearing. No neuronal loss or gliosis.

LEFT HIPPOCAMPUS (X 1, 1L): Slight perivascular and perineuronal clearing. No neuronal loss or gliosis.

SOFT TISSUE OF LEFT LOWER BACK (X 1, 1M): Acute hemorrhage of the subcutaneous tissue without inflammatory reaction.

SOFT TISSUE OF MID LOWER BACK (X 1, 1N): Acute hemorrhage of the subcutaneous tissue without inflammatory reaction.

SOFT TISSUE OF RIGHT LOWER BACK (X 10): Acute hemorrhage of the skeletal muscle and subcutaneous tissues without inflammatory reaction.

SOFT TISSUE OF RIGHT LATERAL UPPER BACK (X 1, 1P): Acute hemorrhage of the skeletal muscle and subcutaneous tissues without inflammatory reaction.

RIGHT VENTRICLE (X 3, 1Q): No significant histopathologic abnormality.

Representative sections of major organs are retained in formalin.

EVIDENCE: Released to the Wisconsin Division of Criminal Investigation police department are the following items:

1. Previously described swabs and fingernail clippings
2. Sweatpants
3. Briefs
4. DNA blood card

RADIOLOGY: Anterior posterior and lateral x-rays were performed and reveal no additional acute fractures other than those previously described in "Injuries" section.

TOXICOLOGY:

Submitted for toxicologic analysis at NMS Laboratories] were samples of iliac blood, urine, and left vitreous fluid; a separate report was received and reviewed. Significant findings are summarized on the front page of this autopsy report under "Final Diagnoses".

Samples of iliac blood, heart blood, scalp hair, brain tissue, liver, gastric contents, and right vitreous fluid are retained.

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SUMMARY COMMENT

It is my medical opinion that Jason R. Thomson died of a cardiac arrhythmia of undetermined etiology following police restraint.

Review of the video footage from the hospital, the back seat of the police transport vehicle, and the jail revealed that the decedent had initially become agitated and combative with hospital staff and security while at the hospital. Officers from the Green Bay Police Department were called in and restrained the decedent using handcuffs and leg restraints that did not compress the thoracic cavity or inhibit respiration. The decedent was lowered to the ground and no head impact or blows to the body were observed on video. The decedent was strenuously resisting while in a prone position throughout law enforcement officers' attempts to restrain him.

After being transported from the hospital to the back seat of the police vehicle, the decedent appeared to be having difficulty breathing, using accessory muscles and reportedly complaining to officers about having shortness of breath. Upon arrival to the jail, the decedent was taken to the nurse where the decedent was examined. The patient was reportedly diaphoretic, pale and semi-responsive. It was determined that the decedent would not be accepted into this facility and should be taken back to the hospital immediately.

He was transported back to the police vehicle where he continued to deteriorate. He was then reportedly observed to have seizure-like activity and then became completely unresponsive to multiple attempts of verbal and painful stimuli and was found to be pulseless and not breathing. Cardiopulmonary resuscitation was started and EMS was called. The decedent was transported to the hospital where he was pronounced.

The autopsy demonstrated blunt force injuries of the torso and extremities including dermal abrasions and contusions and subcutaneous hemorrhage of the posterior torso and bilateral arms and wrists. These injuries are not beyond what would be expected on the autopsy of a combative individual as having been sustained during the course of being subdued for his safety and that of others. It should be noted that none of these injuries or fatal nor would they have hindered the decedent's ability to breathe.

The decedent's past medical history of seizure disorder may have been a factor in the development of a cardiac arrhythmia. Increased agitation has been implicated as a precipitant for seizure activity. While most seizures are relatively harmless, seizures may occasionally be fatal. A death that occurs during a seizure in a person with seizure disorder has been termed sudden unexpected death in epilepsy (SUDEP). SUDEP is believed to be the cause of death in 5-20% of those with a seizure disorder and appears to be more common in the young adult population. The mechanism of death in SUDEP is most likely due to a cardiac arrhythmia precipitated by an autonomic discharge/autonomic dysfunction.

Of note, the autopsy demonstrated gross findings of a dilated and floppy heart with diffuse fatty infiltration of the right ventricle of the heart. Histologic examination demonstrated diffuse intramural infiltration of fat within the right ventricular wall extending from the epicardium to just under the endocardial surface along with areas of interstitial fibrosis. These features are suggestive of an undetected diagnosis of arrhythmogenic right ventricular dysplasia (ARVD)/arrhythmogenic right ventricular cardiomyopathy (ARVC).

Arrhythmogenic right ventricular dysplasia (ARVD)/arrhythmogenic right ventricular cardiomyopathy (ARVC) is a heritable heart-muscle disorder that predominantly affects the right ventricle. Progressive loss of right ventricular myocardium and its replacement by fibrofatty tissue is the pathological hallmark of the disease. Arrhythmogenic right ventricular cardiomyopathy is one of the leading causes of arrhythmic cardiac arrest in young people and athletes. Arrhythmogenic right ventricular cardiomyopathy has been linked to heritable mutations in genes encoding desmosomal proteins including PKP2, DSG2, DSP, and JUP. Disease expression may be variable even within families; first presentation may be sudden cardiac death, particularly in the setting of exertion. Genetic counseling of living family members is recommended.

It is the undersigned's medical opinion that the decedent died of a cardiac arrhythmia of undetermined

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etiology following police restraint. The cardiac arrhythmia was likely secondary to either sudden unexpected death in epilepsy (SUDEP) or a possibly previously undiagnosed arrhythmogenic right ventricular dysplasia (ARVD)/arrhythmogenic right ventricular cardiomyopathy (ARVC), or conceivably a combination of both factors. However, given the history of extensive agitation and struggle while being restrained and subsequent deterioration of the decedent's condition, the restraint itself likely contributed to the decedent's arrhythmia through a release of catecholamines during a "fight or flight" response which exacerbated the decedent's underlying conditions. As an external force applied by other individuals played a part in likely contributed the decedent's death, by convention the manner must be certified as homicide, even though the intent of law enforcement officers was simply to restrain and protect the decedent from himself and others.

EH Goodman 5/6/20

EH Goodman, M.D.
Deputy Medical Examiner
Dane, Rock, Brown, Door and
Oconto Counties, Wisconsin

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EH Goodman, M.D.

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**Office of the
Dane County Medical Examiner**

it Tranchida,
cal Examiner

DATE & TIME: 02/11/2020 08:30 AM

WOB THOMSON, ~~Ed~~
 Junior R,
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 SMH
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 @ 8:48 PM



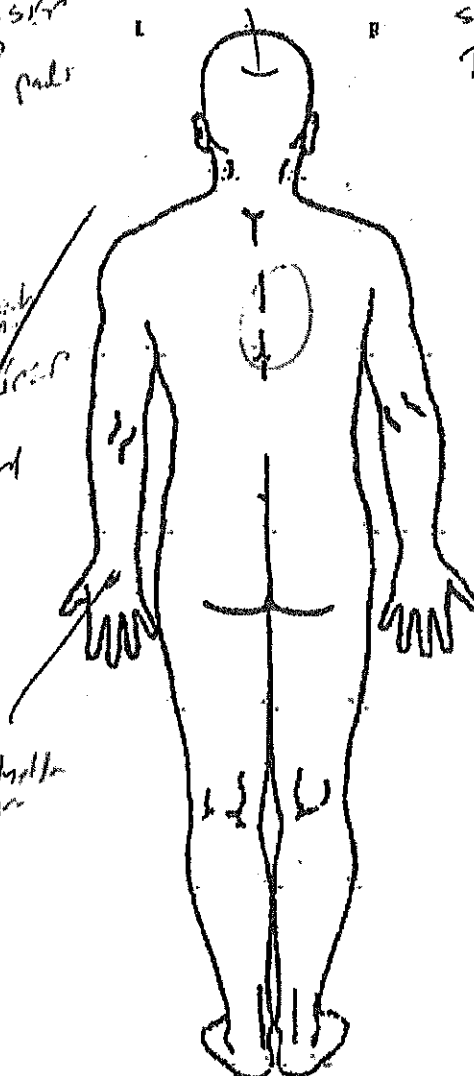
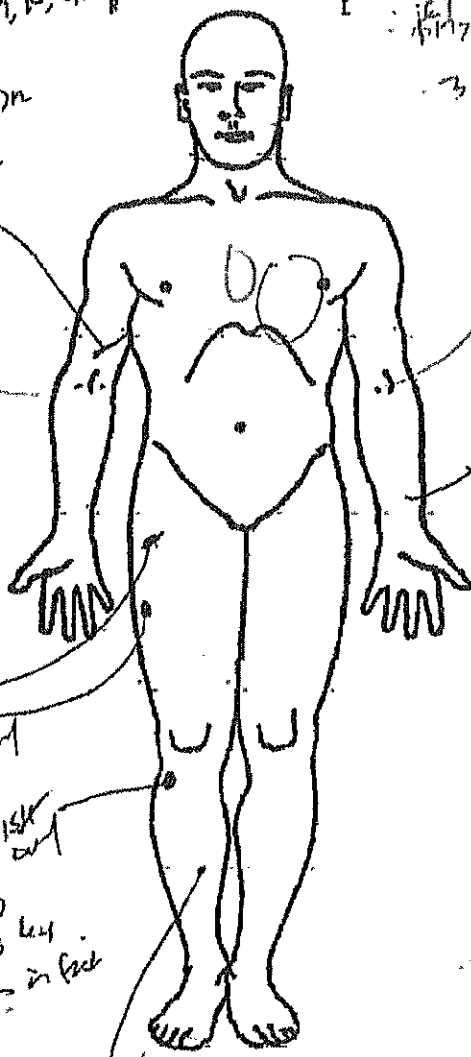
BMF 225

M.E.#

② 9 SKIN COLOR: W BUILD: DOWN HEIGHT: 5 FT 4 IN WEIGHT 161 LB AGE: 47
 brown eyes 2 1/2
 HAIR: TEA CLR IN M 1 1/4 IN 1 1/4 IN EYES: INDIG BRN COM: CH TEETH/ORAL: WAT NO NO NO
 SLATIM SLATIM
 TORSO: ANT SD POST SD GENITALIA: (+) W CR EXTREMITIES: UPPER SD LOWER SD
 RIGOR MORTIS: MOD LIVOR MORTIS: FINE POST POST TEMPERATURE: CAL (W)

Therapeutic Procedures

Clothing:



Examined by: 11/29/12

Date / / Time: : AM/PM

Subcutaneous adipose: 5/16 Appendix: Y1 N
 Pleural: high right pleural adhesions Peritoneal: _____ Pericardial: _____
 Brain: 120 g ml in many sh
 Heart: 460 g mod dilated
 Left Ventricle: 1.1
 Right Ventricle: 0.3
 Interventricular septum: 1.0
 Aorta: mm
 Right Lung: 420 g 3/4 bronchus
 Left Lung: 1060 g marked edema
 Liver: 1730 g
 Gallbladder: ✓ Bile: 41 ml Stones: 4 stones up to 1.3 g
 Spleen: 120 g
 Lymph nodes: _____
 Right Kidney: 160 g
 Left Kidney: 160 g
 Urine: 35 ml
 Gonads: n1
 GI: 4/6 mm antrol gastro
 Gastric: 15 ml some und
 Pancreas: n1
 Endocrine: n1
 Musc. / Skel.: _____

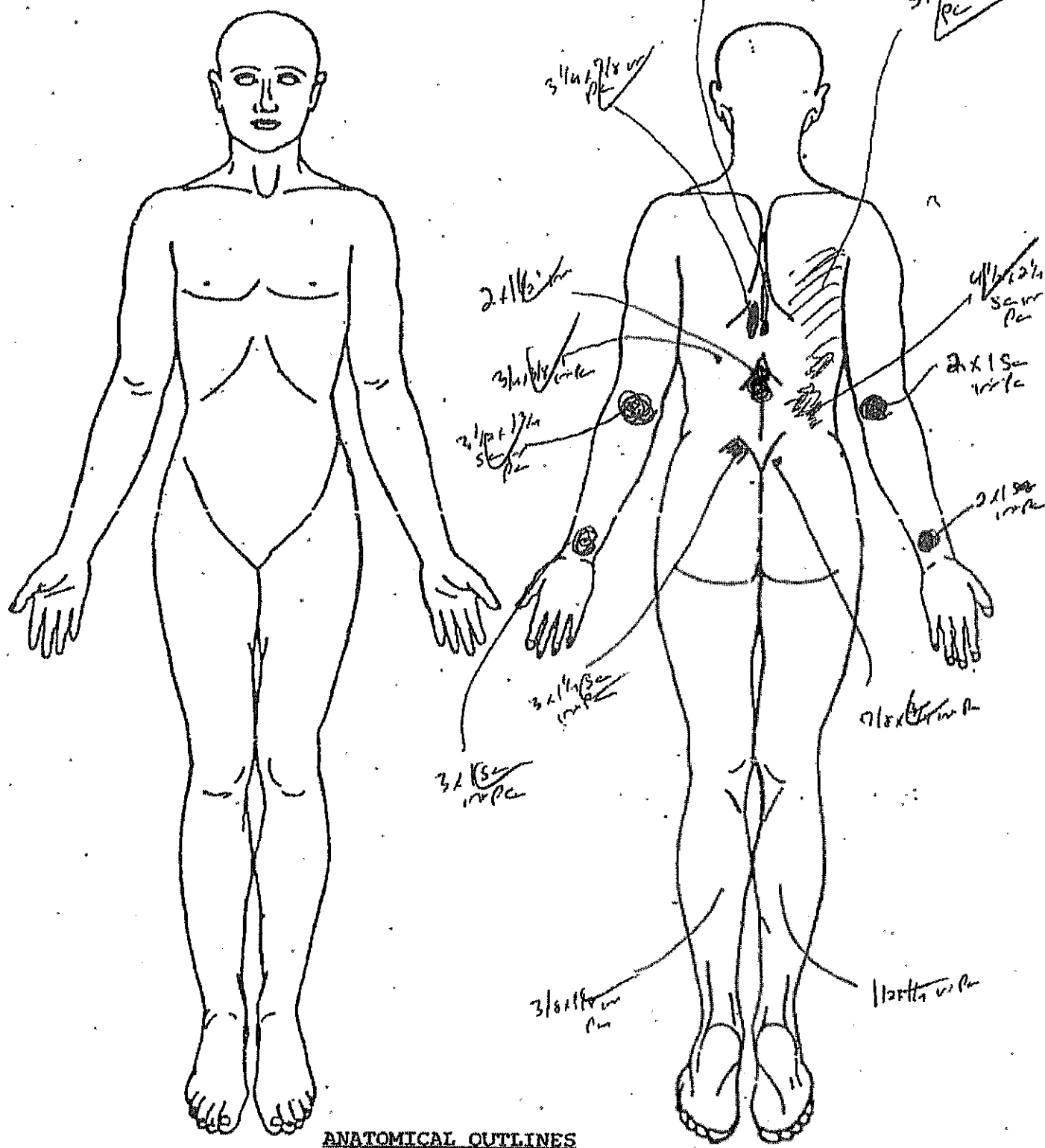
Handwritten notes:
 Cerebrum? mod dilated sculp
 0.3 (FO)
 3/4 bronchus mod dilated mod dilated mod dilated
 CPrn
 ven seen at adrenal med?
 (2) adrenal epineph
 b/l 2-3 ant 1st vent
 (2) 7 skin 3rd 1st

Tox Subm: Blood () Urine Vitreous Other () Other ()
 Tox Ret: Blood () Brain tissue Liver tissue Bile Gastric Contents Hair () Other ()

CASE #: 20-3293
 DECEDENT: THOMSON, Jason R
 COUNTY: Brown
 DATE & TIME: 02/11/2020 08:30 AM

Case # _____
 Date: _____

Postcard - Flay. 1/2 1/2 v. 1/2
DANE COUNTY CORONER'S OFFICE



ANATOMICAL OUTLINES

CASE #: 20-3293

DECEDENT: THOMSON, Jason R

COUNTY: Brown

DATE & TIME: 02/11/2020 08:30 AM

CORONER'S CASE NUMBER: _____

NAME _____

CASE #

Right Upper Extremity

CASE #: 20-3293

DECEDENT: THOMSON, Jason R

COUNTY: Brown

DATE & TIME: 02/11/2020 08:30 AM



Office of the
Dane County Medical Examiner

Dr. Vincent Tranchida,
Chief Medical Examiner



CASE #: 20-3293
DECEDENT: THOMSON, Jason R
COUNTY: Brown
DATE & TIME: 02/11/2020 08:30 AM

SPECIMEN TRACKING DOCUMENT

TOXICOLOGY

	source			
Blood	<u>flr</u>	NMS WSLH	Saved	
grey top	<u>flr</u>	NMS WSLH	Saved	
red top	<u>hnt</u>	NMS WSLH	Saved	
purple top	<u>flr</u>	NMS WSLH	Saved	
vit (B)	eye LEB	NMS WSLH	Saved	
vit (L)	eye LEB	NMS WSLH	Saved	
urine	blad cath	NMS WSLH	Saved	
<u>bile</u>		NMS WSLH	Saved	
<u>gastric</u>		NMS WSLH	Saved	
admit		NMS WSLH	Saved	
other		NMS WSLH	Saved	

CULTURES

NP	viral	bordetella
blood	infant	aerobic anaerobic
	adult	aerobic anaerobic
L lung	viral	bacterial
R Lung	viral	bacterial
heart	viral	bacterial
meninges	viral	bacterial
spleen	viral	bacterial
R ear	viral	bacterial
L ear	viral	bacterial
CSF	viral	bacterial

SOLID ORGANS

<u>liver</u>	NMS WSLH	Saved
<u>brain</u>	NMS WSLH	Saved
Infant	NMS WSLH	Saved

HISTOLOGY Y N

STOCK JARS 0 1 2 3

EVIDENCE

<u>DNA</u>	<u>Saved</u>	Released
<u>Hair</u>	<u>Saved</u>	Released
head pubic		
facial chest		

DIRECTION REGARDING ANY OTHER TESTING:



Office of the

Da

CASE #: 20-3293

DECEDENT: THOMSON, Jason R
COUNTY: B.

COUNTY: Brown

DATE & TIME: 02/11/2020 08:30 AM



SWABS		
	Right	Left
forehead	X	X
cheeks	X	X
chin	X	X
neck	X	X
nipples		
breasts		
arm		
forearm	X	X
wrist	X	X
palm	X	X
knuckle	X	X
thigh		
leg		
ankle		
feet		
nails	X	X
chest	X	X

SA KIT:	
full	
oral	
floss	
nail scrapings	
scrotal/vaginal	
penile/cervical	
rectal	
public hair standard	
public hair combing	
debris	
secretions	

PROPERTY/EVIDENCE RELEASE FORM**CLOTHING/PROPERTY**

- Sweat pants
- briefs
- DNA blood card

CURRENCY

\$1 X _____	penny X _____	Other _____
\$5 X _____	nickel X _____	
\$10 X _____	dime X _____	Foreign _____
\$20 X _____	quarter X _____	
\$50 X _____	fifty cent X _____	
\$100 X _____	dollar X _____	

Secured in Evidence Room by: _____ Date: _____ Accepted by: _____ Date: _____

Released by: E. J. Boockvar MS Date: 2/11/20 Accepted by: _____ Date: _____

Released by: [Signature] Date: 2/11/20 Accepted by: _____ Date: _____

Released by: _____ Date: _____ Accepted by: _____ Date: _____



**Office of the
Dane County Medical Examiner**

Dr. Vincent Tranchida, Chief Medical Examiner



AUTOPSY ATTENDANCE LIST

CASE #: 20-3293

DECEDENT: THOMSON, Jason R

COUNTY: Brown

DATE & TIME: 02/11/2020 08:30 AM

[illegible]

3111 Luds Lane • McFarland, Wisconsin 53558

Telephone: (608) 284-6000 • FAX: (608) 284-6015



St. Mary's Hospital
MADISON

Laboratory Services

700 S. Park Street | Madison, Wisconsin 53715 | (608) 258-6917 |

Dane County Medical Examiner's Office
608-284-6000
3111 Luds Lane, McFarland, WI 53558

Block Number(s): 1A - 1P

CASE #: 20-3293
DECEDENT: THOMSON, Jason R
COUNTY: Brown
DATE & TIME: 02/11/2020 08:30 AM

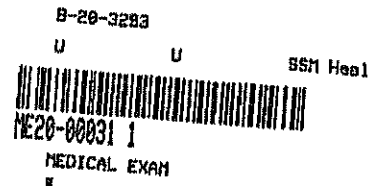
Billing County: Dane Brown Rock

DOD 02/16/2020 Sex M F

Ordering M.E.: Vincent Tranchida, MD
Agnieszka Rogalska, MD
Eli Goodman, MD

Special stain request
Special instructions / notes

Revised 06/19



**SSM Health**St. Mary's Hospital
MADISON

Laboratory Services

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SSM Health



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MEDICAL EXAM

Block Number(s): 16, 17

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add oh.

CASE #: 20-3293
DECEDENT: THOMSON, Jason R
COUNTY: Brown
DATE & TIME: 02/11/2020 08:30 AMBilling County: Dane Brown RockDOD 2 / 12 / 20 Sex M F

Ordering M.E.: Vincent Tranchida, MD

Agnieszka Rogalska, MD

Ell Goodman, MDSpecial stain request
Special instructions / notes

Revised 06/19

EXIT SAVE PRINT MED/TOX

203293

LAB 1: NMS

LAB 2:

ANALYSIS NUMBER
SPECIMEN NUMBER
SUB#

TESTS REQUESTED	<input checked="" type="checkbox"/> ALCOHOL	<input checked="" type="checkbox"/> DRUGS	<input type="checkbox"/> GASES	<input type="checkbox"/> OTHER	<input type="checkbox"/> HIV/HEPATITIS
DATE SENT	DATE RECEIVED	ANALYZED BY			
OBTAINED BY	Dr. El Goodman	DATE OBTAINED	Feb 11, 2020	TIME OBTAIN	08:30
SAMPLES OBTAINED	<input checked="" type="checkbox"/> BLOOD	<input checked="" type="checkbox"/> URINE	<input type="checkbox"/> SPINAL FLUID	<input checked="" type="checkbox"/> VITREOUS	<input type="checkbox"/> TRACHEAL AIR <input type="checkbox"/> GASTRIC

Drug List

ETHANOL ☐ g/100 mL

Q-#	SPECIMEN	RESULTS
203293	FEMORAL BLOOD	
203293	Cotinine	Positive
203293	Naloxone	Positive
203293	Phenytoin	9.8 mcg/mL
203293	VITREOUS	
203293	Creatinine	1.1 mcg/mL
203293	Sodium	148 mmol/L
203293	Potassium	16 mmol/L
203293	Chloride	118 mmol/L
203293	Glucose	101 mg/dL
203293	Urea Nitrogen	26 mg/dL



NMS Labs

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200 Welsh Road, Horsham, PA 19044-2208

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Robert A. Middleberg, PhD, F-ABFT, DABCC-TO, Laboratory Director

Toxicology Report

Report issued 02/28/2020 00:01

To: 10468
Brown County Medical Examiner
Attn: Barry Immen
300 E. Walnut St LL
Green Bay, WI 54301

Patient Name THOMSON, JASON
Patient ID 20-3293
Chain 20055032
Age 47 Y DOB 02/25/1972
Gender Male
Workorder 20055032

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Positive Findings:

Compound	Result	Units	Matrix Source
Cotinine	Positive	ng/mL	001 - Femoral Blood
Naloxone	Positive	ng/mL	001 - Femoral Blood
Phenytoin	9.8	mcg/mL	001 - Femoral Blood
Creatinine (Vitreous Fluid)	1.1	mg/dL	003 - Vitreous Fluid
Sodium (Vitreous Fluid)	148	mmol/L	003 - Vitreous Fluid
Potassium (Vitreous Fluid)	16	mmol/L	003 - Vitreous Fluid
Chloride (Vitreous Fluid)	118	mmol/L	003 - Vitreous Fluid
Glucose (Vitreous Fluid)	101	mg/dL	003 - Vitreous Fluid
Urea Nitrogen (Vitreous Fluid)	26	mg/dL	003 - Vitreous Fluid

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
8042B	Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic)
1919FL	Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	8.75 mL	02/11/2020 08:30	Femoral Blood	
002	Gray Top Tube	8.75 mL	02/11/2020 08:30	Femoral Blood	
003	Red Top Tube	1.5 mL	02/11/2020 08:30	Vitreous Fluid	L EYE
004	White Plastic Container	30 mL	02/11/2020 08:30	Urine	

All sample volumes/weights are approximations.

Specimens received on 02/13/2020.

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Cotinine	Positive	ng/mL	200	001 - Femoral Blood	LC/TOF-MS
Naloxone	Positive	ng/mL	1.0	001 - Femoral Blood	LC/TOF-MS
Phenytoin	9.8	mcg/mL	0.50	001 - Femoral Blood	LC-MS/MS
Creatinine (Vitreous Fluid)	1.1	mg/dL	0.050	003 - Vitreous Fluid	Colorimetry
Sodium (Vitreous Fluid)	148	mmol/L	80	003 - Vitreous Fluid	Chemistry Analyzer
Potassium (Vitreous Fluid)	18	mmol/L	1.0	003 - Vitreous Fluid	Chemistry Analyzer
Chloride (Vitreous Fluid)	118	mmol/L	70	003 - Vitreous Fluid	Chemistry Analyzer
Glucose (Vitreous Fluid)	101	mg/dL	35	003 - Vitreous Fluid	Chemistry Analyzer
Urea Nitrogen (Vitreous Fluid)	26	mg/dL	3.0	003 - Vitreous Fluid	Chemistry Analyzer

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Chloride (Vitreous Fluid) - Vitreous Fluid:

Normal: 105 - 135 mmol/L

2. Cotinine (Nicotine Metabolite) - Femoral Blood:

Cotinine is a metabolite of nicotine and may be encountered in the fluids and tissues of an individual as a result of tobacco exposure.

Anabasine is a natural product occurring in tobacco, but not in pharmaceutical nicotine and a separate test for anabasine in urine can be used to distinguish tobacco from pharmaceutical nicotine use.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

3. Creatinine (Vitreous Fluid) - Vitreous Fluid:

Normal: 0.6 - 1.3 mg/dL

4. Glucose (Vitreous Fluid) - Vitreous Fluid:

Normal: <200 mg/dL

Postmortem vitreous glucose concentrations >200 mg/dL are associated with hyperglycemia.

Since postmortem vitreous glucose concentrations decline rapidly after death both in vivo and in vitro, care should be taken in the interpretation of results. Stability of vitreous glucose for up to 30 days has been noted by NMS Labs when specimens are maintained frozen (-20°C).

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Reference Comments:

5. Naloxone (Narcan®) - Femoral Blood:

Naloxone is a narcotic antagonist used to counter the central nervous system depression effects of opioids, including respiratory depression. It is also used for the diagnosis of suspected acute opioid overdosage. Naloxone is available as a 0.4 mg/mL solution of the hydrochloride for parenteral injection.

Naloxone is also available in combination with buprenorphine (Suboxone®) for the treatment of opioid dependence. This combination is available in tablets of 2 mg buprenorphine with 0.5 mg naloxone or 8 mg buprenorphine with 2 mg of naloxone for sublingual administration.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

6. Phenytoin (Dilantin®) - Femoral Blood:

Phenytoin is an anticonvulsant agent with CNS-depressant effects. Phenytoin is used alone or adjuvantly with other more potent anticonvulsants in a regimen to control epilepsy. The drug is generally given in oral daily doses of 300 to 400 mg; it may, however, also be given by the IV or IM route for acute seizure problems. The concomitant use of phenytoin with other CNS-depressant agents, e.g., ethyl alcohol, would produce at least additive CNS-depressant effects.

The recommended serum concentration range during anticonvulsant therapy with phenytoin is 10-20 mcg/mL. In a reported pediatric fatality due to phenytoin a postmortem blood level of 45 mcg/mL was reported; the antemortem level was 94 mcg/mL twenty-four hrs after ingestion. The blood to plasma ratio is approximately 0.5.

7. Potassium (Vitreous Fluid) - Vitreous Fluid:

Normal: <15 mmol/L

Quantitative results for Potassium will be affected if performed on gray top tubes since these collection tubes contain potassium oxalate.

8. Sodium (Vitreous Fluid) - Vitreous Fluid:

Normal: 135 - 150 mmol/L

Quantitative results for sodium will be affected if performed on gray top tubes since these collection tubes contain sodium fluoride.

9. Urea Nitrogen (Vitreous Fluid) - Vitreous Fluid:

Normal: 8 - 20 mg/dL

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 20055032 was electronically signed on 02/27/2020 23:56 by:

Ayako Chan-Hosokawa, M.S., D-ABFT-FT
Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acocde 1919FL - Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic) - Vitreous Fluid

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Analysis Summary and Reporting Limits:**-Analysis by Chemistry Analyzer for:**

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Chloride (Vitreous Fluid)	70 mmol/L	Sodium (Vitreous Fluid)	80 mmol/L
Glucose (Vitreous Fluid)	35 mg/dL	Urea Nitrogen (Vitreous Fluid)	3.0 mg/dL
Potassium (Vitreous Fluid)	1.0 mmol/L		

-Analysis by Colorimetry (C) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Creatinine (Vitreous Fluid)	0.050 mg/dL		

Acode 521D5B - Phenytoin Confirmation, Blood - Femoral Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Phenytoin	0.50 mcg/mL		

Acode 8042B - Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic) - Femoral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/mL	Salicylates	120 mcg/mL

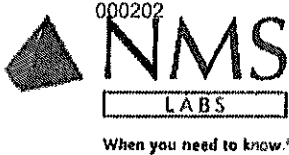
-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.

Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotosedatives, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

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**ANALYSIS REQUISITION AND CHAIN OF CUSTODY**

200 Welsh Road • Horsham, PA 19044
(215) 657-4900 • (866) 522-2216 • Fax (215) 366-1501
www.nmslabs.com

8/49 5084
2050

Client Profile (Account#): MUST SELECT Account Name: DANE/BROWN/COUNTY/DOOR/ROCK/ATSF/VERMONT GROUP

Work ID: 20-3293

Sample ID (Subject or Case Name): THOMSON

Last Name

Jason

First Name

Date of Birth (mm/dd/yyyy): 02/25/1972

Gender: ☒ Male ☐ Female

Collection Date (mm/dd/yyyy)	Collection Time (military)	Specimen Type (e.g. blood, urine)	Specimen Source (e.g. cardiac, vitreous)	Container Labeled as (client identifier)
02/11/2020	08:50	Blood	Cardiac	20-3293
02/11/2020	08:50	Blood	Edmond	20-3293
02/11/2020	08:30	Vitreous	Eye	20-3293
02/11/2020	08:30	Urine	Bladder	20-3293

If sending more than 5 samples, please include the same detail for each sample.

☐ RETURN SPECIMEN (add'l charge)

☐ Do not micro specimen ☐ Do not consume specimen

Additional Information: Pathologist's Name Eli Goodman MD Forensic Technician MLJ Krause/Ruef

☒ 10000 BROWN COUNTY ME 10450 BROWN COUNTY ME 10450 BROWN COUNTY ME

10170 DANE COUNTY ME 10780 ROCK COUNTY ME 10800 ATSF 10002 VERMONT

Tests Requested (Please place check mark next to requested test(s)):

☐ 80410 PM, Basic w/Vitreous Alcohol Confirmation

☐ 80510 Postmortem, Basic, Fluid (Forensic)

☒ 80420 PM, Expanded w/Vitreous Alcohol Conf

☐ 80511 Postmortem, Basic, Tissue (Forensic)

☐ 80500 PM, Urine Screen Add-on (6-MAR) (Quant)

☐ 80520 Postmortem, Expanded, Fluid (Forensic)

☐ 10020 Carbon Monoxide Exposure Nontoxic Screen

☐ 80571 Postmortem, Expanded, Tissue (Forensic)

☒ 10100 Electrolytes and Glucose Panel (Vitreous)

Other Testing:

(The test code and name must be entered. Requisitions submitted without a test code will cause a delay and/or may not be ordered at time of receipt. If you need assistance, contact our Client Support department at 866.522.2216)

Test Code

Test Name

Test Code

Test Name

DO NOT ADD TESTING HERE:

☐ Vehicular ☐ Homicide ☐ Suicide ☐ Suspected OD ☐ Accidental Death ☐ Natural Causes ☐ Undetermined

Brief Case History / Circumstances of Death: Transported to hospital for seizure became combative, in custody death.

DATE	RELINQUISHED BY	RECEIVED BY	PURPOSE OF TRANSFER
7/1/2020			

For a complete list of test offerings, visit www.nmslabs.com. If you need assistance, contact us at 866.522.2216

Dane County Medical Examiner
Decedent Transportation - Chain of Custody Document

DRIVER: Todd Macy DATE: 2/10/2020
 DCME Case #: 20-3293 DECEDENT NAME: Thompson, Jason
 VEHICLE#: 08

LOADED: Y <input checked="" type="radio"/> N	Releasing/Receiving MLI: N/A
Time Leaving Arriving: <u>1620</u> DCME / RCMED/BCME:	Departure / Arrival Mileage: <u>39520</u>
HRP Seal Number: N/A	Seal Intact: Y N N/A
Verified By MLI: _____	
NOTES:	

LOADED: <input checked="" type="radio"/> N <u>1853</u>	Releasing/Receiving MLI: N/A
Time Leaving Arriving: <u>1853</u> DCME / RCMED/BCME:	Departure / Arrival Mileage: <u>39668</u>
HRP Seal Number: N/A	Seal Intact: Y N N/A
Verified By MLI: _____	
NOTES:	

LOADED: <input checked="" type="radio"/> N	Releasing/Receiving MLI: <u>Steph...</u> N/A
Time Leaving Arriving: <u>1904</u> DCME / RCMED/BCME:	Departure / Arrival Mileage: <u>39668</u>
HRP Seal Number: <u>17582</u> N/A	Seal Intact: <input checked="" type="radio"/> N N/A
Verified By MLI: <u>[Signature]</u>	
NOTES:	

Decedent Transportation Chain of Custody Document
Continued

LOADED: <u>(Y)</u> N	Releasing/Receiving MLI: <u>Julio P. Aguirre</u> N/A
Time Leaving/Arriving: <u>2122</u> DCMEO / RCMED/BCMEO:	Departure / Arrival Mileage: <u>39816</u>
HRP Seal Number: <u>17582</u> N/A	Seal Intact: <u>(Y)</u> N N/A
NOTES:	Verified By MLI: <u>Julio P. Aguirre</u>

LOADED: Y N	Releasing/Receiving MLI: N/A
Time Leaving / Arriving: _____ DCMEO / RCMED/BCMEO:	Departure / Arrival Mileage:
HRP Seal Number: N/A	Seal Intact: Y N N/A
NOTES:	Verified By MLI: _____

LOADED: Y N	Releasing/Receiving MLI: N/A
Time Leaving / Arriving: _____ DCMEO / RCMED/BCMEO:	Departure / Arrival Mileage:
HRP Seal Number: N/A	Seal Intact: Y N N/A
NOTES:	Verified By MLI: _____

Dane County Medical Examiner
Decedent Transportation - Chain of Custody Document

DRIVER: Todd MayDATE: 2/11/2020DCMEO Case #: 20-3293DECEDENT NAME: Thomson, JasonVEHICLE#: 08

LOADED: <input checked="" type="radio"/> Y <input type="radio"/> N	Releasing/Receiving MLI: <u>S. Cengiz</u> N/A
Time Leaving/Arriving: <u>2110</u> DCMEO / RCMPD/BCMEO:	Departure/Arrival Mileage: <u>39953</u>
HRP Seal Number: <u>3470751</u> N/A	Seal Intact: <input checked="" type="radio"/> Y <input type="radio"/> N N/A
NOTES:	Verified By MLI: <u>S. Cengiz</u>

LOADED: <input checked="" type="radio"/> Y <input type="radio"/> N	Releasing/Receiving MLI: N/A
Time Leaving/Arriving: <u>2325</u> DCMEO / RCMPD/BCMEO:	Departure/Arrival Mileage: <u>40101</u>
HRP Seal Number: N/A	Seal Intact: Y N N/A
NOTES:	Verified By MLI:

LOADED: Y <input checked="" type="radio"/> N	Releasing/Receiving MLI: <u>Molly Roff</u> N/A
Time Leaving/Arriving: <u>2335</u> DCMEO / RCMPD/BCMEO:	Departure/Arrival Mileage: <u>40101</u>
HRP Seal Number: <u>3470751</u> N/A	Seal Intact: <input checked="" type="radio"/> Y <input type="radio"/> N N/A
NOTES:	Verified By MLI: <u>Molly Roff</u>

Decedent Transportation Chain of Custody Document
Continued

LOADED: Y <input checked="" type="radio"/> N <input checked="" type="radio"/>	Releasing/Receiving MLI: N/A
Time Leaving / Arriving: <u>0144</u> DCMEO / RCMED/BCMEO:	Departure / Arrival Mileage: <u>40248</u>
HRP Seal Number: N/A	Seal Intact: Y N N/A
Verified By MLI:	
NOTES:	

LOADED: Y <input type="radio"/> N <input type="radio"/>	Releasing/Receiving MLI: N/A
Time Leaving / Arriving: _____ DCMEO / RCMED/BCMEO:	Departure / Arrival Mileage:
HRP Seal Number: N/A	Seal Intact: Y N N/A
Verified By MLI:	
NOTES:	

LOADED: Y <input type="radio"/> N <input type="radio"/>	Releasing/Receiving MLI: N/A
Time Leaving / Arriving: _____ DCMEO / RCMED/BCMEO:	Departure / Arrival Mileage:
HRP Seal Number: N/A	Seal Intact: Y N N/A
Verified By MLI:	
NOTES:	

WVDRS: WISCONSIN VIOLENT DEATH REPORTING SYSTEM – 2018/2019 CORONER/MEDICAL EXAMINER FORM

C/M/E Name: Brown County Medical ExaminerCounty: BrownEmail Address: shalene.krause@browncountywi.govC/M/E Case #: 20-3098Today's Date: 05 / 26 / 2020
mm dd yyyy# of deaths associated in this incident: 1Police Agency investigating the death: Dept. of Criminal Investigations# of nonfatal firearm victims in incident: 0Police Case #: 20-201579

VICTIM INFORMATION:

Last Name: THOMSONFirst Name: JasonMiddle Name: R.Date of Birth: 2 / 25 / 1972Age: 47 Indicate: ☐ minutes, ☐ days, ☐ months, ☒ yearsSex: ☒ 1. Male ☐ 2. Female ☐ 9. UnknownTransgender: ☒ 0. No ☐ 1. Yes ☐ 9. UnknownHeight: 5 (feet) 11 (inches) Weight: 161 (lbs)

Marital Status:

☐ 1. Married ☒ 2. Never Married ☐ 3. Widowed ☐ 4. Divorced
☐ 5. Married, but separated ☐ 6. Single, not otherwise specified
☐ 9. Unknown

Relationship Status:

☐ 1. Currently in a relationship ☐ 2. Not currently in a relationship
☒ 0. UnknownRace: ☒ White ☐ Black ☐ Asian ☐ Pacific Islander
☐ American Indian ☐ Other ☐ UnspecifiedHispanic: ☒ 0. Not Hispanic ☐ 1. Hispanic ☐ 9. UnknownResidential Address: Homeless, N/A

City: _____

County: _____

State: _____

Zip Code: _____

Country: _____

Sexual Orientation:

☐ 0. Straight/Heterosexual ☐ 1. Gay ☐ 2. Lesbian
☐ 3. Bisexual ☒ 9. Unknown

Sex of Partner:

☐ 1. Same sex as victim ☐ 2. Opposite sex of victim
☐ 8. Not applicable ☒ 9. UnknownActual Date of Death: 2 / 10 / 2020

Manner of Death:

☐ 1. Natural ☐ 2. Accident ☐ 3. Suicide ☒ 4. Homicide
☐ 5. Pending Investigation ☐ 6. Could Not be Determined
☐ 7. Legal Intervention ☐ 9. Record Unavailable or Blank

Place of Death:

☐ 1. Hospital inpatient ☒ 2. ED/Outpatient ☐ 3. DOA
☐ 4. Hospice facility ☐ 5. Nursing home/long-term care facility
☐ 6. Decedent's home ☐ 7. Other, specify: _____
☐ 9. Unknown/UndeterminedAddress of Injury: 3030 Curry Ln.City of Injury: Green BayState of Injury: WI Zip Code: 54311County of Injury: Brown County

Incident occurred at victim's residence:

☒ 0. No ☐ 1. Yes ☐ 9. UnknownInjured at work: ☒ 0. No ☐ 1. Yes☐ 8. N/A (e.g., child, retiree, unemployed) ☐ 9. UnknownEMS at scene: ☐ 0. No ☒ 1. Yes ☐ 9. UnknownTime of Injury: 99 : 99 (military time)Date of Injury: 02 / 10 / 2020Survival time: UnknownIndicate whether minutes, hours, days, months, years
(e.g., 0 minutes, 2 hours, 6 months, 9 years, etc.)

Suspected alcohol use in hours prior to death:

☒ 0. No ☐ 1. Yes ☐ 8. N/A ☐ 9. UnknownLocation where injured: ☐ 1. House, apartment ☐ 2. Street, road, sidewalk, alley ☐ 3. Highway, freeway ☐ 4. Motor vehicle (excluding 15 & 21)
☐ 5. Bar, nightclub ☐ 6. Service station ☐ 7. Bank, credit union, ATM
☐ 8. Liquor store ☐ 9. Other commercial establishment (e.g., grocery store)
☐ 10. Industrial/Construction areas ☐ 11. Office building ☐ 12. Parking lot/public parking garage ☐ 13. Abandoned house/building/warehouse
☐ 14. Sports or athletic area ☐ 15. School bus ☐ 16. Child care center, daycare, pre-school ☐ 17. Elementary or middle school (i.e., K-8)
☐ 18. High school ☐ 19. College/University, including dormitory, fraternity
☐ 20. Unspecified school ☐ 21. Public transportation or station (e.g., bus, train)
☐ 22. Church, temple, synagogue ☐ 23. Hospital or medical facility
☐ 24. Supervised residential facility (e.g., shelter, halfway house) ☐ 25. Farm
☒ 26. Jail, prison, detention center ☐ 27. Park, playground, public use area
☐ 28. Natural area (e.g., field, river, beaches, woods)
☐ 29. Hotel/motel ☐ 30. Railroad tracks ☐ 31. Bridge ☐ 32. Cemetery, graveyard or other burial ground ☐ 99. Unknown
☐ 66. Other _____Homeless?: ☐ 0. No ☒ 1. Yes ☐ 9. UnknownCurrent occupation status: ☐ 1. Employed* ☐ 2. Unemployed☐ 3. Homemaker ☐ 4. Retired ☐ 5. Student ☐ 6. Disabled☐ 8. N/A (under 14) ☒ 9. Unknown

*If employed, list occupation: _____

Victim in custody when injured: ☐ 0. Not in custody ☐ 1. In jail or prison ☒ 2. Under arrest, but not in jail ☐ 3. Committed to mental hospital
☐ 4. Resident of other state institution ☐ 5. In foster care ☐ 6. Injured prior to arrest ☐ 8. Other (includes house arrest, electronic monitoring, legal home confinement) ☐ 9. UnknownRecent release from institution: ☒ 0. No evidence or recent release
☐ 1. Jail, prison or detention facility ☐ 2. Hospital ☐ 3. Psychiatric hospital
☐ 4. Other psychiatric treatment ☐ 5. Long term residential health facility (e.g., nursing home) ☐ 6. Supervised residential facility related to alcohol or substance treatment ☐ 7. Supervised residential facility not related to alcohol or substance treatment (e.g., halfway house, work release) ☐ 8. Other type ☐ 99. Unknown

Wounds: Code for the presence of firearm or sharp instrument wounds only.

	Absent	Present	Unknown
Face:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intraoral:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thorax:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Extremity:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Extremity:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spine:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of penetrating wounds: 0
(e.g. 1 entry + 1 exit = 2 wounds)

Number of bullets that hit victim: 0

A COPY OF THE TOXICOLOGY REPORT IS REQUESTED.
If unavailable, fill in the information below (with specific drug names).

Toxicology performed? ☐ No ☒ Yes
(Ante-mortem or post-death tox samples are accepted.)

Date specimens were collected: 02 / 11 / 2020

Time Specimens were collected: 08 : 30 (military)

Drug Category:	Testing:	Results:
	1. Tested 2. Not Tested 9. Unknown	1. Present - list drug name(s) 2. Not Present 9. Unknown
Blood Alcohol	1	2 _____ (e.g., 0.08)
Amphetamines	1	2
Anticonvulsants	1	1 Phenytoin
Antidepressants	1	2
Antipsychotics	1	2
Barbiturates	1	2
Benzodiazepines	1	2
Cocaine	1	2
Marijuana	1	2
Muscle Relaxants	1	2
Opiates	1	2
Other	1	1 Naloxone, Cotinine

☒ Circumstances known? Check if YES, then complete the table below:

SUICIDE, HOMICIDE, UNDETERMINED, OR LEGAL INTERVENTION DEATH	UNINTENTIONAL DEATH
<p>Check all that apply:</p> <p>Mental Health and Substance Abuse</p> <p><input type="checkbox"/> Current depressed mood</p> <p><input checked="" type="checkbox"/> Mental health problem (Diagnosed) If so, check type (Choose up to 2):</p> <p><input checked="" type="checkbox"/> 1. Depression <input type="checkbox"/> 2. Bipolar Disorder</p> <p><input type="checkbox"/> 3. Schizophrenia <input checked="" type="checkbox"/> 4. Anxiety Disorder</p> <p><input type="checkbox"/> 5. Post-traumatic stress disorder <input type="checkbox"/> 6. ADD or hyperactivity disorder</p> <p><input type="checkbox"/> 7. Eating disorder <input type="checkbox"/> 8. Obsessive-compulsive disorder</p> <p><input type="checkbox"/> 9. Not applicable <input type="checkbox"/> 10. Unknown</p> <p><input type="checkbox"/> 11. Other _____</p> <p><input type="checkbox"/> In current treatment for mental illness</p> <p><input type="checkbox"/> Ever treated for mental illness</p> <p><input type="checkbox"/> Alcohol problem</p> <p><input type="checkbox"/> Other substance problem</p> <p><input type="checkbox"/> Other addiction</p> <p>Relationship Problems</p> <p><input type="checkbox"/> Intimate partner violence - Homicide only</p> <p><input type="checkbox"/> Intimate partner problem - Suicide only</p> <p><input type="checkbox"/> Family relationship problem</p> <p><input type="checkbox"/> Other relationship problem</p> <p>Crime Related</p> <p><input type="checkbox"/> Precipitated by another crime</p> <p>Nature of other crime: (Choose up to 2)</p> <p><input type="checkbox"/> 1. Drug trade <input type="checkbox"/> 2. Robbery <input type="checkbox"/> 3. Burglary</p> <p><input type="checkbox"/> 4. Motor vehicle theft <input type="checkbox"/> 5. Arson <input type="checkbox"/> 6. Rape, sexual assault</p> <p><input type="checkbox"/> 7. Gambling <input type="checkbox"/> 8. Assault, homicide</p> <p><input type="checkbox"/> 9. Witness intimidation/elimination <input type="checkbox"/> 10. Other (note in narrative)</p> <p><input type="checkbox"/> 11. Not applicable <input type="checkbox"/> 12. Unknown</p> <p><input type="checkbox"/> Crime was in progress at time of the homicide</p> <p><input type="checkbox"/> Stalking</p> <p><input type="checkbox"/> Prostitution or sex trafficking</p> <p><input type="checkbox"/> Walk-by assault</p> <p><input type="checkbox"/> Gang related</p> <p><input type="checkbox"/> Drug involvement</p> <p><input type="checkbox"/> Brawl (physical fight, more than 3 people)</p> <p><input type="checkbox"/> Physical fight (2 people)</p> <p><input type="checkbox"/> Drive-by shooting</p>	<p>Check all that apply:</p> <p>Arguments, Conflicts, Previous Exposure to Violence</p> <p><input type="checkbox"/> Argument</p> <p><input type="checkbox"/> Abuse or neglect led to death</p> <p><input type="checkbox"/> History of abuse or neglect as a child</p> <p><input type="checkbox"/> Previous perpetrator of violence (in past month)</p> <p><input type="checkbox"/> Previous victim of violence (in past month)</p> <p>Suicide Markers</p> <p><input type="checkbox"/> History of suicide attempts</p> <p><input type="checkbox"/> History of expressed suicidal thoughts / plans</p> <p><input type="checkbox"/> Recently disclosed intent to commit suicide</p> <p><input type="checkbox"/> Left a suicide note</p> <p>Life Stressors</p> <p><input type="checkbox"/> Crisis within past 2 weeks (recent/impending)</p> <p><input type="checkbox"/> Contributing criminal legal problem</p> <p><input type="checkbox"/> Civil legal problems</p> <p><input type="checkbox"/> Contributing physical health problem</p> <p><input type="checkbox"/> Job problem</p> <p><input type="checkbox"/> Financial problem</p> <p><input type="checkbox"/> School problem</p> <p><input type="checkbox"/> Eviction/loss of home</p> <p><input type="checkbox"/> Suicide of a friend or family</p> <p><input type="checkbox"/> Non-suicide death of friend or family</p> <p><input type="checkbox"/> Anniversary of a traumatic event</p> <p>Misc. Circumstances</p> <p><input type="checkbox"/> Justifiable self-defense</p> <p><input type="checkbox"/> Victim was a police officer on duty</p> <p><input type="checkbox"/> Victim was a bystander, not intended target</p> <p><input type="checkbox"/> Random violence</p> <p><input type="checkbox"/> Victim (not law enforcement officer) was an intervener assisting crime victim</p> <p><input type="checkbox"/> Victim used a weapon</p> <p><input type="checkbox"/> Mercy killing</p> <p><input type="checkbox"/> Hate crime</p> <p><input type="checkbox"/> Jealousy (lover's triangle)</p> <p><input type="checkbox"/> Mentally ill suspect</p> <p><input type="checkbox"/> Other circumstances (note in narrative on pg 4)</p> <p>Context of Injury: What was the shooter doing at the time of the injury? (Check all that apply):</p> <p><input type="checkbox"/> Hunting</p> <p><input type="checkbox"/> Target shooting</p> <p><input type="checkbox"/> Self-defensive shooting</p> <p><input type="checkbox"/> Celebratory firing</p> <p><input type="checkbox"/> Loading/unloading gun</p> <p><input type="checkbox"/> Cleaning gun</p> <p><input type="checkbox"/> Showing gun to others</p> <p><input type="checkbox"/> Playing with gun</p> <p><input type="checkbox"/> Other context of injury</p> <p>Mechanism of Injury: Why did the injury occur? (Check all that apply):</p> <p><input type="checkbox"/> Thought safety was engaged</p> <p><input type="checkbox"/> Thought gun was unloaded, magazine was disengaged</p> <p><input type="checkbox"/> Thought gun was unloaded, other</p> <p><input type="checkbox"/> Unintentionally pulled trigger</p> <p><input type="checkbox"/> Bullet ricochet</p> <p><input type="checkbox"/> Gun defect or malfunction</p> <p><input type="checkbox"/> Fired while holstering/unholstering</p> <p><input type="checkbox"/> Dropped gun</p> <p><input type="checkbox"/> Fired while operating safety/lock</p> <p><input type="checkbox"/> Gun mistaken for a toy</p> <p><input type="checkbox"/> Other mechanism of injury</p>

Weapon Type Used: (Check all that apply)

☐1. Firearm ☐5. Non-powder gun ☐6. Sharp instrument ☐7. Blunt instrument ☐8. Poisoning ☐9. Hanging/ strangulation/ suffocation ☐10. Personal weapon (foot, fist) ☐11. Fall ☐12. Explosive ☐13. Drowning ☐14. Fire or burns ☐15. Shaking (e.g., shaken baby syndrome) ☐16. Motor vehicle (includes buses & motorcycles) ☐17. Other transport vehicle (e.g., trains, planes, boats) ☐18. Intentional neglect (e.g., starving a baby) ☐19. Biological weapons ☐66. Other ☐99. Unknown

If Firearm Death, complete information below for injury or suspected injury gun.

FIREARM INFORMATION	Firearm #1	Firearm #2	Firearm #3	Firearm #4
Firearm Information Known (Check if yes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of Firearm (Choose from list below*)				
Make/Manufacturer or NCIC code				
Model				
Cartridge specifications for recovered casings (e.g., .40 S&W, .22 LR)				
Caliber				
Gauge (Shotguns only)				
Trace attempted? 0=No, gun made before 1969 1=No, other reason 2=Yes, successful 3=Yes, not successful 9=Unknown	Please select from drop down	Please select from drop down	Please select from drop down	Please select from drop down
Listed/reported stolen? 0=No 1=Yes 9=Unknown	Please select from drop down	Please select from drop down	Please select from drop down	Please select from drop down

***Type of Firearm List:**

1. Submachine Gun 2. Handgun, Unknown Type 3. Handgun, Pistol- Bolt Action 4. Handgun, Pistol- Derringer 5. Handgun, Pistol - Single Shot 6. Handgun, Pistol - Semi-automatic 7. Handgun, Revolver 8. Rifle, Unknown Type 9. Rifle, Automatic 10. Rifle, Bolt Action 11. Rifle, Lever Action 12. Rifle, Pump Action 13. Rifle, Semi-automatic 14. Rifle, Single Shot 15. Rifle- Shotgun Combination 16. Shotgun, Unknown Type 17. Shotgun, Automatic 18. Shotgun, Bolt Action 19. Shotgun, Double Barrel 20. Shotgun, Pump Action 21. Shotgun, Semi-automatic 22. Shotgun, Single Shot 23. Long gun, Unknown type 66. Other (e.g., handmade gun) 99. Unknown

For All Homicides and Accidental Firearm Deaths, choose up to two of the choices from the Relationship Codes List* below that best describe the relationship between each suspect and the victim.

Victim Name	Suspect Name / Age	The victim is the ___ of the suspect (Choose up to 2 relationship codes below)	Suspect is Caretaker of Victim	Evidence of Ongoing Abuse
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk

***Relationship Codes List:**

1. Spouse 2. Ex-spouse 3. Girlfriend or boyfriend 7. Ex-girlfriend or ex-boyfriend 8. Girlfriend or boyfriend, unspecified whether current or ex 10. Parent 11. Child 12. Sibling 13. Grandchild 14. Grandparent 15. In-law 16. Stepparent 17. Stepchild 18. Child of suspect's boyfriend/girlfriend (e.g., child killed by mom's boyfriend) 19. Intimate partner of suspect's parent (e.g., teenager kills his mother's boyfriend) 20. Foster child 21. Foster parent 29. Other family member (e.g., cousin, uncle, etc.) 30. Babysitter (e.g., child killed by babysitter) 31. Acquaintance 32. Friend 33. Roommate (not intimate partner) 34. Schoolmate 35. Current or former work relationship (e.g., co-worker, employee, employer) 36. Rival gang member 44. Other person, known to victim 45. Stranger 50. Victim was injured by law enforcement officer 51. Victim was law enforcement officer injured in the line of duty 88. Suspect is not a suspect for this victim 99. Relationship unknown

Suspect Information: (Check all that apply)

☐1. Suspect attempted suicide after incident ☐2. This suspect is also a victim in the incident ☐3. Suspect mentally ill ☐4. Suspect had developmental disability ☐5. Suspected alcohol use by suspect ☐6. Suspected substance use by suspect ☐7. Suspect had been in contact with law enforcement

Suspect Recently Released from an Institution: ☐0. No evidence or recent release ☐1. Jail, prison or detention facility ☐2. Hospital ☐3. Psychiatric hospital ☐4. Other psychiatric treatment ☐5. Long term residential health facility (e.g., nursing home) ☐6. Supervised residential facility related to alcohol or substance treatment ☐7. Supervised residential facility not related to alcohol or substance treatment (e.g., halfway house, work release) ☐8. Other type ☐99. Unknown type of Institution

COMPLETE FOR ALL SHOOTERS AND THE FIREARMS THEY USED TO CAUSE INJURY

Shooter (name): _____

Firearm # _____

Owner of Firearm: (Choose from list 'A' below) _____

Firearm Stored Loaded: (Choose from list 'B' below) _____

Firearm Stored Locked: (Choose from list 'C' below) _____

(Note: Include a brief summary of where and from whom firearm was obtained, and if the individual had authorized access to firearm.)

Narrative:

Shooter (name): _____

Firearm # _____

Owner of Firearm: (Choose from list 'A' below) _____

Firearm Stored Loaded: (Choose from list 'B' below) _____

Firearm Stored Locked: (Choose from list 'C' below) _____

(Note: Include a brief summary of where and from whom firearm was obtained, and if the individual had authorized access to firearm.)

Narrative:

A) Owner of Firearm:

1. Shooter
2. Parent/guardian of shooter
3. Other family member of shooter
6. Friend/acquaintance of shooter
7. Stranger to shooter
66. Other (note in narrative)
99. Unknown

B) Firearm Stored Loaded:

0. Not loaded
1. Loaded
6. Other (note in narrative)
9. Unknown

C) Firearm Stored Locked:

0. Not locked
1. Locked
6. Other (note in narrative)
9. Unknown

IF DRUG/POISON DEATH, COMPLETE INFORMATION BELOW:

Drug/Poison Information	Drug/Poison 1	Drug/Poison 2	Drug/Poison 3
Type of drug/poison (Indicate by number all that apply): 1. Street/recreational drugs 2. Alcohol 3. Pharmaceuticals – prescription 4. Pharmaceuticals – over-the-counter 5. Pharmaceuticals – unknown 6. Carbon monoxide or other gas, vapor 66. Other poison (e.g., rat poison, insecticide, lye) 88. Not applicable (not a poisoning) 99. Unknown			
Name of drug/poison (e.g., Prozac, Fluoxetine, Paxil, Somnex, etc.) or 99 for Unknown			
Patient drug obtained for (Indicate by number all that apply): 1. Self (Victim) 2. Intimate Partner 3. Family 4. Other 8. N/A (e.g., not a medication) 9. Relationship unknown			
If CO, carbon monoxide source: 1. Car, truck, bus 2. Other 3. Gas tool/appliance/heater 4. Grill (gas/charcoal) 5. Fire (e.g., house fire) 8. Not applicable 9. Unknown			

Briefly summarize the incident: (Include details to support circumstances checked on Page 2)

Decedent was taken into police custody after reportedly being aggressive/agitated in the presence of hospital staff (admitted due to epilepsy). Decedent was arrested, restrained with WRAP device and transported to the jail, where he went unresponsive while still in police custody.

Cause of Death: Cardiac arrhythmia of undetermined etiology following police restraint

Manner of Death: Homicide (Suffered cardiac arrhythmia following police restraint)

This form may be faxed to: (608) 266-8350, emailed to: kathryn.klement@wisconsin.gov, or mailed to:

OFFICE OF HEALTH INFORMATICS
 ATTN: KITTY KLEMENT, RESEARCH ANALYST
 1 WEST WILSON STREET, ROOM 118
 PO BOX 2659
 MADISON, WI 53701-2659

Case #: 000211
20-3098

Decedent: THOMSON, Jason R

Case Type: Death Investigation Agency: Brown County

Date of Death: 2/10/2020 Pronounced: 04:09 AM

BODY RECEIPT

Date Body Received: 2/10/2020 Time: 10:43 AM MLI Receiving Body: Shalene Krause, MLI

Case MLI: Shalene Krause, MLI MLI Exam Location: Hospital

Weight: 161 Time in Cooler: 02/10/2020 10:43 AM Livery Service: Proko-Wall FH

PROPERTY

Property: No Location: ☐ MLI Secure Storage ☐ Labeled with Body (Non-Valuable Only) ☐ Other

CHAIN OF CUSTODY

Conveyance Used: Proko-Wall Driver: Josh Police Escort: No

Left From: Hospital Date Left: 2/10/2020 Time: 10:26 AM

Arrived At: Duck Creek Cooler Date Arrived: 2/10/2020 Time: 10:43 AM

BODY SEAL

Body Seal #: 3476751 Sealed By: Eli Goodman, MD Date Sealed: 2/11/2020 Time: 2:44 PM

Seal Intact: ☐ Unsealed By: Date Unsealed: Time:

Body Seal #: 17582 Sealed By: Shalene Krause, MLI Date Sealed: 2/10/2020 Time: 10:09 AM

Seal Intact: ☒ Unsealed By: Eli Goodman, MD Date Unsealed: 2/11/2020 Time: 8:48 AM

Body Seal #: Sealed By: Date Sealed: Time:

Seal Intact: ☐ Unsealed By: Date Unsealed: Time:

BODY RELEASE

Authorization: Eli Goodman, MD Released By: Stephanie Jordan, MLI

Release To: Simply Cremations Date Released: 2/13/2020 Time: 2:16 PM

Other Release Details

Brown County Medical Examiner's Dept.

RELEASE FOR EMBALMING

NAME OF DECEASED Jason THOMSON
DEATH DATE Feb. 10, 2020 HOUR 04:09 AM BIRTH DATE Feb. 25, 1972
PLACE OF DEATH Aurora BayCare Medical Center
HOME ADDRESS Homeless WI

FUNERAL HOME Simply Cremation
MAILING ADDRESS 243 N Broadway Green Bay WI 54303
PHONE (920) 431-0100

OTHER INFORMATION

This document when properly signed, constitutes the release required by Wisconsin State Statutes 979.01(4) and certifies that the body of the above named person may now be embalmed, buried or otherwise properly disposed of, in accordance with the wishes of the next of kin. Cremation will require further authorization.


(signature of issuing Medical Examiner/Investigator)

02/12/20
(date signed)

NOTE: THIS DOCUMENT DOES NOT OVERRIDE THE WISHES OF THE NEXT OF KIN REGARDING THE FINAL DISPOSITION OF THE REMAINS.

CASE NUMBER 203098